FOUNDATIONS OF TOBACCO CESSATION

COURSE FOR HEALHCARE WORKERS

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WHY A COURSE ON TOBACCO CESSATION?

MODULE 1

TOBACCO TODAY (1)

- **“Tobacco is the single biggest cause of preventable death, killing 8.7 million people each year, and leading tens of millions more to suffer from avoidable illness….More then I billion people around the world still smoke”***
- **“Global dataset indicates that 20.9% of all persons aged 15 years and over used some form of tobacco on a current basis in 2022. Of all these tobacco users, 80% were current smokers with a prevalence of current tobacco smoking of 16.7%. Among tobacco smokers, 89% were cigarette smokers with a current cigarette smoking prevalence of 15.0% among all persons aged 15 years and over.”****

***WHO 2021 p. 17; **WHO 2024 p.18.**

TOBACCO TODAY (2)

- **Tobacco is classified as: (i) any tobacco use (smoked and/or smokeless); (ii) tobacco smoking (all forms including for example manufactured cigarettes, roll-your-own, shisha, bidis, kreteks and others; and (iii) cigarette smoking. Someone who reports using cigarettes is counted as a user for all three categories.***
- **In Canada 2022, 20% of young adults aged 20 to 24 years reported having vaped at least once in the past 30 days, up from 15% in 2019, 13% in 2020 and 17% in 2021. The opposite trend occurred for cigarette smoking; 8% of young adults reported currently smoking cigarettes in 2022, down from 10% in 2021. For youth aged 15 to 19 years and adults aged 25 years and older, the percentage of people who reported vaping in the past 30 days and the percentage of those who reported smoking cigarettes in the past 30 days have remained stable across the four cycles of the CTNS.****

***WHO 2024 p.18; ****Government of Canada 2023 p.1.**

VAPING IS INCREASING

- **Recent studies show a rapid increase in vaping in Canada and elsewhere. For youth 16 to 19, rate of past 30 day vaping have increased from 9% to 16% from 2017 to 2022, and this trend is increasing at an alarming rate.***
- **“Electronic Nicotine Delivery System (ENDS) are addictive and not without harm.**
- **Children and adolescents who use ENDS can double their risk of smoking cigarettes.**
- **As cigarette sale have fallen, tobacco companies have been aggressively marketing new products – like e-cigarettes and heated tobacco products – lobby governments to limit their regulation**
- **Their goal is simple: hook another generation on nicotine.**
- **We cannot let that happen.”****

***Hammond D. et al. 2023 p. 1-3; Government of Canada 2023; ** WHO, 2021 p.17.**

QUEBEC ORDER OF NURSES RECOMMENDS 4 AXES FOR TOBACCO CESSATION INTERVENTION

- **Screening for smoking;**
- **Prevent patients from smoking;**
- **Assist patients to quit;**
- **Protection from second hand smoke.**

* **ORDRE DES INFIRMIÈRES ET INFIRMIERS DU QUÉBEC 2006 pp. 9-11.**

WHY SMOKING CESSATION FROM NURSES AND OTHER HC WORKERS?

- **Even a short 3 minutes intervention can increase smoking cessation.**
- **"Strong dose-response relation between sessions length of person to person contact and successful treatment outcomes."***
- **4 or more sessions increases cessation.***

***CAN-ADDAPT 2011, P. IV**

NURSES ATTITUDE TOWARDS HELPING SMOKERS QUIT

- **Nurses (and other HC providers) have a positive attitude towards assisting patients to quit.**
- **Some nurses may believe inaccurately that a short intervention is ineffective and might "affect the professional trust relationship between nurses and patients."***
- **Nurses (and all other HC providers) who receive training in tobacco cessation have a "more positive attitude towards tobacco cessation intervention."***

***Lepage et al. 2013 p. 13.**

WHY DO NURSES RECEIVE LITTLE TRAING IN TOBACCO CESSATION?

- **Lack of time**
- **Lack of pertinence**
- **Lack of useful tools**
- **Some studies note “a lack of specific smoking cessation knowledge and skills, educators feel less confident about instructing the content in their courses.”***

***Lepage et al. 2013 p. 13.**

WELCOME TO FOUNDATIONS OF TOBACCO CESSATION FOR HC WORKERS

- **In this course, HC providers including nurses, will be informed as to how to assist tobacco users stop consuming tobacco - including cigarettes.**
- **Quitting tobacco use, or smoking, or any other addiction is difficult for most addicts. Understanding what constitutes any addiction, and the ways of controlling and quitting tobacco addiction, will greatly improve the lives of smokers and their community at large. It will also assist healthcare providers to better deliver cessation or reduction methods.**
- **However, before we delve into ways of assisting tobacco cessation, we need to understand <u>important features that determine an addiction, and the underlying processes that a smoker needs to undergo, in order to finally quit.</u>**

COMMON CLINICAL FEATURES OF TOBACCO ADDICTION

MODULE 2

COMMON FEATURES OF ADDICTION (1)

- **The term “addiction” is a complex construct, so it is worthwhile to briefly consider what such a term means.**
- **Tobacco is considered by the medical profession to be one of the most addictive substances that currently exists.**
- **In 2022, the World Health Organization (WHO) reported there are over 1 billion smokers worldwide, resulting in over 8 million deaths per year due to its consumption.***

***WHO 2023 p.17.**

COMMON FEATURES OF ADDICTIONS (2)

- **In this presentation, I will be incorporating components derived from Mark Griffith's model of addiction, with modifications, required for clinicians to assist tobacco users quit.***
- **All addictions encompass the quest for *rewards*, such as products or any events that are wanted or desired by the addict.**
- **I say events because rewards nowadays can be any object, service or experience. These rewards are most often learned by influencers or copying others, often through social learning when viewed as beneficial or desirables.**
- **Addictions entail *wanting perceived rewards* due to liking or judging them to be of value to the addict.****

***Griffith M 2005;**Erban 2022 podcast No. 6 -7**

FEATURES OF TOBACCO ADDICTION: SALIENCE

- **One such component of tobacco addiction is that for smokers, tobacco, including cigarettes, are an important part of their daily lives.**
- **This feature of addiction is termed "salience", meaning that tobacco plays a very important and integral, often central role in smokers' daily consumption.**
- **After initiation and experimentation, adolescent smokers can quickly increase their preoccupation by having urges to smoke and acting on such urges to eventually become consumed with their cigarettes, some becoming heavy smokers rather rapidly.**

***USDHHS 2012 pp. 24-26; Griffiths 2005 pp. 193.**

INCENTIVE SALIENCE

- **Saliency is linked with the notion of incentive saliency which attributes the ongoing preoccupation with tobacco due to addicts being sensitive to *cues* that have been often linked to tobacco.**
- **These cues can be either internal, such as negative emotions or pain; but they can also be external cues, such as another smoker smoking close by, causing the smoker to *want* to smoke. Wanting and reward seeking is associated with the neurotransmitter *dopamine*.**
- **"…evidence suggests that it is the mesolimbic dopaminergic system of the brain that contributes to the psychological attribution of incentive salience to rewards, offend triggered by cues that have paired with these rewards in the past."***

***Robinson 2013 p. 394; Berridge et al. 2016 p. 3.**

CRAVING (1)

- **For most smokers, saliency is a multiday activity requiring the smoker to smoke cigarettes every few hours, or consume some other tobacco product(s).**
- **Otherwise, the smoker will experience *urges or cravings* to want to smoke, which motivates the smoker to continue smoking and buying new packs.**
- **Craving is the want or urge to smoke or consume tobacco. Therefore, craving to consume tobacco is an important clinical component of tobacco and the smoking addiction.**
- **Cravings, which can occur many time during the days are causally linked to many triggers (incentive salience or cues) and will require new coping methods to learn to cope with craving to want to smoke or consume other tobacco products.**
- *** Berridge et al. 2016 p.3; Robinson et al 2013 p. 398-399.**

CRAVING (2)

- **Triggers that cause cravings are *conditioned stimuli* that in the past have been linked with the smoking or tobacco use. The smoker or tobacco consumer has became sensitized due to repeated association of such events that have been repeatedly linked in the past to tobacco consumption.***
- **If a smoker has repeatedly smoked with her coffee, the sight or image of a cup of coffee triggers a want or carve to want smoke.**
- **Such is repeated conditioned association of smoking or tobacco consumption with other event. These other events can be social cues, such as smoking with buddies, or due to internal experiences such as coping with stress, negative emotions or moods linked to smoking to be discussed later.**

***Ibid.**

CRAVING (3)

- **Having established a want for something that is perceived as rewarding, motivates the smoker not only to want to smoke, but to further act by smoking or buying tobacco.**
- **Cravings, as repeating daily the psychological urges to want to consume tobacco or smoke, are triggered, many due to cued events, which the smoker has become sensitized due to past repeated usage under such circumstances. It can be heightened by stress or negative mood.***
- **Of course, the tobacco industry adores addicting the world, because it generates continuous revenue, until half the smokers die and, therefore, a corporate need to replace them with adolescents or young adults, now mostly in the low-and-medium income countries. The tobacco industry uses many ways, such as advertisement, to trigger smokers to want and crave to smoke their deadly products.****

*** Berridge et al. 2016. p. 3;** Lovato et al. 2011 p.2**

MOOD MODIFICATION (1)

- **One major form of reward is pleasure or liking, hence another component of addiction is mood modification. This comes in two flavors.**
- **First, consumption of tobacco, which contains nicotine, the addictive substance, can result in the experience of a change in mood, resulting in a mild euphoria or momentary sense of pleasure or pleasant state of being.***
- **Addicted persons enjoy and attain a sense of pleasure derived from some of their cigarettes, the largest form of tobacco consumption globally (89%).****
- **Nevertheless, pleasure-seeking is an integral part induced by tobacco-related to mood modification caused by smoking or consuming other tobacco products.***

***Griffiths 2005 p193-194; **WHO 2024 p. 18**

MOOD MODIFICATION (2)

- **The motivation or the desire and intention for reward, often pleasure, causes smokers to repeat the act that they learn over the course of usage, in an attempt to achieve a positive state of being or mood, a form of pleasurable reward, that is attained from smoking their cigarettes or consuming tobacco.**
- **But most smokers enjoy only some of their cigarettes.**
- **From an addiction point of view, pleasure derived from tobacco's nicotine causes the smoker to consume cigarettes repeatedly (with increased consumption over time) with the anticipation of pleasure that motivates the addict to buy their pack and continue to consume tobacco.***

***Griffiths 2005 pp. 193-4; Berridge et al., 2016. p.3**

MOOD MODIFICATION (3)

- **All such pleasures can be expressed by the common phrase "I like it." ***
- **Liking, just as much as wanting is an integral part of reward seeking, which motivates the addicted person to continue to want to consume tobacco ongoing.**
- **Marketers would like to know what it is that consumers like, to persuade them to buy either the very same item category or service, or something very similarly displayed, nowadays often on some screen media. For example, e-cigarette or tobacco pouches as new addictions to traditional cigarettes.**
- **These marketers have a wealth of information derived from previous likes or purchases from ubiquitous apps stored or transmitted by such ubiquitous devices.****

*** Berridge et al. 2016 p.4; Robinson et al. 2013 p. 392.**

MOOD MODIFICATION (4)

- **Another aspect related to mood modification associated with addictions is that tobacco is used as means to *emotionally escape* from aversions or negative moods, negative emotions or any other unpleasant state of being, such as stress, personal problems or grieving a loss.***
- **For tobacco user or smoker, this form of escape from negative states is achieved through ongoing tobacco consumption.**
- **So that if smokers are upset, anxious or depressed, they may smoke more, as means of coping, by attempting to escape from such states, through induced positive mood modification, even if it is only for a short span of time, much like eating a tasty snack, or watching television and being transported to other and better world. Think about watching comedies when feeling low. ****
- ***Griffiths 2005 p.194;**Sussman 2017 p.15-16.**

WITHDRAWAL SYMPTOMS (1)

- **If smokers abstain from smoking over an extended period, most will experience another common feature of tobacco addiction, namely, withdrawal symptoms.***
- **Regular tobacco users have become adapted at consuming a certain amount of nicotine, the primary addictive substance found in tobacco including cigarettes.**
- **Withdrawal symptoms, which can last for several weeks are due, in part, to the rapid metabolism or the breaking down of nicotine.**
- **One reason why cigarettes are so addictive is that nicotine is metabolized or broken down by the body quickly. Roughly half of the nicotine of a smoked cigarette is metabolism within about 2 hours.****

*** Sussman 2017, pp.15-6; ** Hukkanen et al. 2005 p. 86.**

WITHDRAWAL SYMPTOMS (2)

- **Rapid metabolism causes a drop in nicotine blood level, which cause physical and psychological withdrawal symptoms. These symptoms are, for the most part, negative, undesirable states, which the smoker wishes to alleviate by further smoking or tobacco consumption, and thus result in immediate relief of such negative withdrawal symptoms due to abstinence.**
- **Just as is the case for smokers attempting to escape from negative states, emotions, moods or stress, smokers are vulnerable to continue smoking cigarettes in order to cope with common withdrawal symptoms. These withdrawals manifest quickly due to reducing or quitting smoking, for some resulting in negative emotions or moods.***

***Sussman 2017 p. 16; Griffiths 2005 p.194.**

WITHDRAWAL SYMPTOMS (3)

- **Science notes and I can attest from my personal experience as a tobacco cessation counsellor, patients felt the following common withdrawal symptoms when they quit, or try to significantly reduce their daily smoking consumption, unaided by cessation medications or counselling.**
- **These symptoms can be: increased anger, being easily irritable, depression, anxiety, fatigue, lack of concentration, restlessness, insomnia, constipation, as well as a feeling of anhedonia: a general lack of life's pleasures, or a perceptible drop of feeling of joy, or not feeling one's usual self – generally an unpleasant or unsettle mood.***

***Perkins et al. 2008. pp.132-142; Hughes et al. 1994 p.1462.**

WITHDRAWAL SYMPTOMS (4)

- **Therefore smoker consumes a certain number of cigarettes in order to induce either the state of pleasure, on the hand, or to avoid the negative withdrawal symptoms, which often include negative states, moods or emotions, due to not having consumed enough cigarettes or having quit cold turkey.**
- **That is one major reason why quitting, resulting in withdrawal symptoms, renders quitting so difficult.***

***Hughes 2007 p. 335.**

TOLERANCE (1)

- **The need to consume a certain number of cigarettes or tobacco per day, in order to achieve a positive mood as a goal, is another component of an addictive consumption and is referred to as having developed a tolerance, a common feature of addictions, which is often linked to withdrawal symptoms.**
- **Tolerance, as a general feature of addiction, entails either an increased preoccupation or consumption of the addicted product, service or experience in order to achieve the same desired effect, but at a higher level of either preoccupation or consumption than was previously desired or even conceived off when experimentation began.**
- **Thus, once addicts develop tolerance, many will increasingly become preoccupied or consume more and more in order to achieve the desired effect.**

****Sussman S 2017 p.15; Maisto et al. 2022 p. 18.**

TOLERANCE (2)

- **In the case of tobacco products, this would be an increase in their consumption, in order to achieve either the pleasurable effects, or as means of succumbing to a craving to smoke. Cravings being in response to a negative mood, withdrawal symptoms or other triggers that a smoker may experience over their tobacco consumptive history.**
- **Therefore, tolerance can be causally linked with withdrawal symptoms, and incentive salience since those who cannot smoke for an extended period will most likely experience some withdrawal symptoms mentioned above, causing cravings to want to smoke and thus continuously buy and consume tobacco or smoke to relief such withdrawal symptoms. And that consumption will increase due to addicts developing tolerance.**
- **To smokers and other tobacco users having developed a tolerance to nicotine will increase consumption of tobacco over time.**

***Ibid.**

HARM (1)

- **By now most of us know all too well the negative personal, family and health consequences associated with direct and second-hand smoke of tobacco.**
- **All addictions entail another component, namely *preventable harm*, which in the case of tobacco, can lead to early death, poorer health, financial burden or family conflicts.**
- **Not to forget the externalities of the various by-products that result from 6 trillion burning cigarettes per year, in the form of toxic smoke released into the atmosphere, and of cancer-causing chemicals from discarded cigarette buds and other tobacco byproducts that increasingly leach into our soil, water, food and atmospheric environment annually.***

***WHO 2023 pp. 17-19.**

HARM (2)

- **Many manufactured products, services or experiences, including tobacco, require enormous amount of natural resources in order for them to be manufactured for consumption.**
- **Due to increase efficiencies of machine mass production began with the Industrial Revolution of the 18th century. Using nature's resources, we are now able to machine mass-produce products that were, prior to industrialization limited. This in terms of the amount and types of such items that were available for production and consumption.**
- **The more that can be manufactured also requires consumers to buy such products in order to generate increased corporate profit, the primary valued reward for the tobacco industry and its shareholders.**
- **To achieve this end, manufacturers need to persuade potential consumers of the value of such items.***

***Erban 2022 No. 5-6.**

PERSUADING CONSUMPTION

- **And what better way can manufacturers persuade potential consumers than by appealing to their inner desires for pleasure or various other desirable or social needs, claimed to be delivered by the manufacturers, that will motivate wanting and buying such products.**
- **Want to project high status and wealth? This cigarette brand, with its slender and gold trimmings is packaged for you. Buy this brand, and you'll look just as elegant and cool as that the lady sitting on a yacht on the Mediterranean Sea.**
- **In the case of tobacco, manufacturers want to get their users hooked early, since they can be exploited maximally for monetary profit from such continual purchases.****

***USDHHS 2012 pp. 8-11; Lovato 2011 pp. 1-2; **WHO 2021 p.17, Dole et al. 2004 p.1.**

TARGETING ADOLESCENTS AND YOUNG ADULTS (1)

- **After all, half the smokers will die from their cigarette consumption with an average loss of 10 years of life.**
- **In order to replenish dying customers, cigarette manufacturers need to recruit new ones, often adolescents or young adults, many in low-and-middle-income countries, by associating their brand with attractive or appealing images.**
- **“An estimated 37 million children aged 13–15 years use tobacco , and globally, in most countries that have measured it, use of the industry’s electronic products is more prevalent among young people than among older generations.” ***

***WHO 2024 p. 1**

TARGETING ADOLESCENTS AND YOUNG ADULTS (2)

- **“The range of products the industry uses to appeal to youth has expanded significantly, from cigarettes, cigarillos and shisha to newer products like e-cigarettes, heated tobacco products and nicotine pouches. Flavored products and additives, sleek designs and child-friendly packaging and imagery make addictive products even more appealing to youth.”***
- **“The industry’s tactics include positioning many nicotine products as “safer” than cigarettes, potentially distracting policy-makers and consumers from the fact that nicotine itself is addictive and harmful, particularly to children and youth.”***

***Ibid.**

COMPONENTS OF TOBACCO ADDICTION SUMMARY (1)

- **Therefore, addiction at the individual level entails the following components:**
- **That the addiction was socially learned from the addicts' surroundings often at a very young age through social learning.**
- **Mood modification either results in pleasure or some relief from pain.**
- **Increased tolerance through increased preoccupation or consumption.**
- **Craving resulting from incentive-saliency or being sensitive to triggers that can act as a motivator to continue one's addictive behavior.**

***Erban 2021 No. 5 -6**

COMPONENTS OF TOBACCO ADDICTION SUMMARY (2)

- **Salience or importance attached to a product, service or tobacco consumption.**
- **Withdrawal symptoms, which can be painful**
- **Relapsing or going back, which can occur even many years after cessation**
- **Negative personal or other forms of preventable harm(s) caused by the addiction.**
- **An overwhelming preoccupation with the addicted product can result in the neglect of activities that might otherwise be important to the addicted individual, but are neglected or unrealized.**
- ***Ibid.**

SUMMARY (3)

- **It is important to note that not all addictions entail having all the above-mentioned components. One can view the class of addictions, using Ludwig Wittgenstein's notion as forming *family resemblance*.***
- **Some addictions may entail additional features and cessation interventions not mentioned thus far, to further describe their particularity.**

***Ibid.; Wittgenstein 1968 .**

DEFINITION OF TOBACCO ADDICTION (1)

- **Nevertheless, I shall define “tobacco addiction” as “having all of the following features, within an integrated network, composed of learned tobacco consumption and entailing:**
- **Wanting and buying cigarettes ongoing.**
- **Feeling withdrawal symptoms and cravings to smoke when not smoking over an extended period of time.**
- **The constant and sometimes increase preoccupation dealing with smoking, i.e., tolerance.**
- **The importance or salience of cigarettes in smokers’ lives.**

***Erban 2021 No. 5 -6.**

DEFINITION OF TOBACCO ADDICTION (2)

- **The fact that even if smokers want to stop, they have a difficult time, requiring many attempts to finally overcome their tobacco addiction, often due to cravings and withdrawal symptoms.**
- **Relapse or slips-ups can occur even years after cessation.**
- **The worst outcomes of tobacco addiction is succumbing to preventable harms caused by the addiction that, as consequences can affect personal, familial, social and environmental negative and avoidable outcomes. This being due to primarily their production, availability, accessibility, affordability and marketing leading to its consumption, nowadays increasingly in low-and-middle income countries."***

***Ibid.**

INCREASE RISKS FOR SMOKING UPTAKE (1)

- **No one is born a tobacco consumer, although some may have been born sensitized to *nicotine*, the major addictive compound found in tobacco smoke.**
- **Initiation of smoking tobacco world-wide occurs: "nearly all first use of cigarettes occur by 18 years of age (88%), with 99% first use by 26 years of age." Many begin much earlier, but they were not born that way. They had to learn to smoke from others or from their close surroundings.***
- **If a child is born into a family whose parents, sibling or friends smoke, that increases the risk of imitating their role models and starting a long journey of smoking cigarettes.***

***USDHHS, 2012. pp. 9-10.**

INCREASE RISKS FOR SMOKING UPTAKE (2)

- **Other factors that increase the risk of developing tobacco addiction are peers who smoke, availability, accessibility and low cost cigarettes, cigarette advertisement, low socioeconomic status of smokers, low education achievement, low income neighborhoods, and positive social attitude towards tobacco.**
- **Addiction depends on having learned to *want* and *like* consuming the desired product, service or experience from one's immediate or distal surroundings or context (e.g., media). In this case, it is consuming tobacco product(s), such as cigarettes.***

*** USDHHS, 2012. pp. 9-10.**

TOBACCO CESSATION IS A PROCESS

MODULE 3

TOBACCO CESSATION IS A PROCESS (1)

- **The current scientific understanding regarding tobacco cessation or reduction is the notion that smokers need to pass through various stages of change before they actually arrive at their final destination of being ex-smokers or non-tobacco users.**
- **The model that has been adopted by clinicians to help addicts alter their addictive behavior is referred to as the Transtheoretical Model or TTM.***

***Perkins KA 2008 pp.37-38**

TOBACCO CESSATION IS A PROCESS (2)

- **This theoretical model can assist healthcare provider or therapist to evaluate where the patient may find themselves at any given stage of their addictive behavior, which can further facilitate the therapist's understanding and, therefore, suggest means of moving forward in assisting tobacco users to either reduce or stop smoking or consuming tobacco.***
- **These stages are as follows: precontemplation; contemplation; preparation; action; maintenance stage and finally some quitters will relapse.***

***Ibid.**

PRECONTEMPLATIVE STAGE

- **This is the stage when smokers continue to smoke regularly and are not thinking of quitting in the next 6 months.**
- **This is due to a lack of motivation to want to quit, which can have numerous anterior reasons.**
- **Those who are in this stage have a low chance of quitting or are not ready to quit in the foreseeable future.**
- **Nevertheless, caregivers can still assist such patients through motivational interviewing, to be discussed later, that can further help patients focus on the pros and cons of quitting, known to assist them to move forward towards the next stage, namely the contemplative stage.***

*** Sussman S 2017 p. 256; Perkins et al. 2008 pp. 38-42.**

CONTEMPLATIVE STAGE

- **Patients acknowledge that they have a smoking problem and are thinking about the need to solve it, but are uncommitted to quitting.**
- **They may be having trouble understanding their addiction or how to go about controlling it.**
- **Patients may not be ready to commit to quitting at this stage. This is a good opportunity for clinicians to help them cope with issues of relevance, risks and benefits they need to understand concerning continual tobacco consumption, thus enhancing their motivations to eventually quit.**
- **At this stage, patients are open to receiving information and exploring the relevant risks of smoking and the benefits of quitting.***

***Perkins et al 2008 pp. 49-51; Miller and Rollnick 2002 pp. 208-209**

PREPARATION STAGE

- **Patients are ready to reduce or quit smoking or consuming tobacco in any form.**
- **They are committed to following through with their attempt.**
- **The role of the caregiver is to assist with the design of a plan of action to be implemented on a given day, which caregivers and patients design to fit patients values and goals that are “acceptability, accessibility, and effective”.***

***Perkins et al. 2008 pp.31-66; Miller and Rollnick 2002 pp. 210-211; Stroebe 2011 pp.42-45.**

ACTION STAGE

- **This is the day the plan of action previously adopted by the patient is implemented to reduce or stop smoking.**
- **This stage requires the most time and energy to attend to overcome difficulties, such as craving, withdrawal symptoms, slips or learning proper use of medications, which may require the additional caregivers' effort at assisting such patients to overcome such emerging difficulties.**
- **The original plan might require alteration to fit patients' present needs, which may have changed from the previous encounter.***

*** Miller and Rollnick 2002 pp. 211-212.**

MAINTENANCE STAGE

- **This is a long stage whereby clients are experiencing cravings and withdrawal symptoms. They may also experience slip-up or even relapse. Healthcare workers need to assist those who are having difficulties coping with issues related to cessation - to be elaborated further.**
- **Can last for months or even years**
- **Patients must be vigilant to not slip or relapse.***

***Miller and Rollnick 2002 pp. 212-213.**

THE 5A’S

MODULE 4

ASK DURING SCREENING (1)

- **1A: ASK: Have you used any form of tobacco in the past 6 months?***
- **If the answer is NO, follow with the next issue.**
- **If the patient answer YES, but shows an irritable or defiant response corresponding to no interest in quitting in the next 6 months.**
- **Such patients are in the *pre-contemplative* stage (not ready to quit in the next 6 months).**
- **In a non-confrontational and supportive role, inform the patient of the importance of quitting.**
- **Inform patients that help is available and where to get it when they are ready.**

***CAN-ADDAPT 2011 p. 12.**

ASK (2)

- **For all quitters greater than 6 month**
- **Ask: “Do you still find it difficult not to smoke?”**
- **Pay attention to their reply and suggest methods of coping to be mentioned later.**
- **Complement them for having quit in regular follow-ups.**
- **If they smoked less than 6 months, consider the patient as still coping with tobacco cessation.***

***CAN-ADDAPT 2011 p. 10.**

ADVISE

For patients who recently smoked or are current tobacco users:

- **2A:Advise all smokers or tobacco users.**
- **“The most important thing that you can do to protect and promote your health, and that of your family, is to quit smoking or use any forms of tobacco.**
- **Ask: “How do you feel about quitting?”***

*** McEwen et al. 2006 p.39.**

ASSESS (1)

- **<u>3A:Assess:</u>**
- **Pay attention to patients' replies.**
- **First, their beliefs about smoking such as: "I don't believe that smoking is harmful" or "I don't want to stop yet." There is, nevertheless, a low chance that such patients will quit in the next 6 months.***

- **Kotz et al. 2013 p. 18.**

ASSESS (2)

- **Try to link the patients' current illness to smoking if possible, and focus on quitting as a solution to the illness they may be experiencing, i.e., cardiac patients and hence cessation is relevant for such patients. They might also benefit from a handout about the benefits of quitting, indicating reduced risk for major cardiac events.**
- **Chart: Pt is in the pre-contemplative stage. False beliefs or low motivation requires follow-up next visit.**
- **If the patients state that: "Yes, I know I shouldn't smoke" that person belief indicates that the patient is amenable to further exploration to increase their level of motivation***

***Ibid.**

ASSESS (3)

Determining the want and intention as components of motivation for quitting:

- **Ask: "From a scale of 1 to 10: How important is wanting to quit for you? 1 being not important and 10 being very important. This indicates a desire to quit.**
- **Ask: How ready are you to quit. This indicates intention to quit in the foreseeable future.**
- **If patients' scores low on both, such patients' motivation to quit in the next 6 months are low, but some do. If time is available, consider motivational interviewing to be discussed in Module 10.**
- **If patients score moderately to high on both, those are more motivated, depending on the subjective score of their the answers. Those patient have a higher chance of attempting to quit in the next 6 months.***

***Ibid.**

ASSESS (4)

<u>For both types of replies, follow with the following question:</u>

- **If patients reply “I want to but I’m not ready to quit completely now.”**
- **For such patients consider asking “How do you feel about reducing your smoking?”**
- **Nevertheless for patients who want to quit and are ready to do so, those are the patients that we will consider for tobacco cessation more comprehensively later.**

ASSESS (5)

- **If some patients are not completely ready to quit, but are amenable to reducing tobacco consumption, this stage of change could lead some tobacco users to eventually quit.***
- **For those patients who are unable or unwilling to quit, but are willing to reduce, suggest to them the following:**
- **Develop a plan of reducing smoking with patient. That will be discussed on Module 9.**
- **Chart: Patient not yet ready to quit but is willing to reduce her smoking.**
- **For those patient who want to quit and show a readiness to do so, assist patient to quit, which ought to be the primary goal for all tobacco smokers.**

***Lindson 2019 pp.2-3**

ASSESS (6)

Summary: The screening for those who consume or smoke tobacco involves determining 4 components of change of behavior: beliefs, the attitude of wanting to quit, intention and readiness to do so.

- **Beliefs about the harm of consuming or smoking tobacco for themselves and their surroundings.**
- **If they do NOT believe that smoking is dangerous, suggest offering a handout by the Canadian Cancer society entitled *"For Smokers Who Don't Want to Quit*".**
- **Chart: The patient was handed information about the benefits of quitting. Follow-up next visit to determine any change in attitude regarding wanting to quit or refer to a community resource.**

MEDICATIONS TO REDUCE TOBACCO CONSUMPTION

MODULE 5

ASSIST

4A: Assist

3 nicotine-based medications can assist patients to reduce or quit smoking

- **Nicotine gum**
- **Nicotine lozenge**
- **Nicotine inhaler**

NICOTINE GUM (1)

- **2 dosages: 2mg or 4mg.**
- **If smoker smoke less than 20 cigarettes per day, the 2mg gum is recommended.**
- **If they smoke more than 20 cigarettes per day, recommend the 4mg dosage***

*** Ordre 2016 pp. 4-8; Perkins et al. 2008 pp. 105-107; RNAO 2006 p. 76-77; Quebec Government 2020 p. 2**

NICOTINE GUM (2)
“chew-taste-park”

- **Patients bit into the gum about 5 times.**
- **When a gritty taste appears, patients should stop biting into the gum.**
- **Patients than park the gum between the cheek and teeth of the lower jaw.**
- **After 5 minutes or so, the patient can repeat the previous acts of biting 5 times, tasting a gritty taste, and parking the gum adjacent to the cheek or underneath the tongue for 30 minutes for complete absorption of 1mg out of 2mg gum, and 2mg from a 4mg piece of gum.***

*** Ibid.**

NICOTINE GUM (3)
“chew-taste-park”

- **Patients can use 10-to-16 pieces of gum per day to replace a cigarette.**
- **In doing so, the patients reduce smoking.**
- **It is recommended 1 piece per hour and no drinking or eating while the gum is used.**
- **Also, no smoking cigarettes while chewing the gum.**
- **Patients can reduce their smoking at their own rate.**
- **Nurses charts patients’ reduction goals to compare progress in follow-up visits.***

***Ibid.**

NICOTINE GUM'S SIDE EFFECTS

- **Soreness of mouth, hiccups, and jaw aches.**
- **Patients with dentures or other teeth or mouth issues may have difficulties using this product.**
- **About 6% become long-term users.***

***Ibid.**

NICOTINE LOZENGE (1)

3 dosages: 1mg, 2mg, 4mg

- **If smoking less then 10 cigarettes per day, 1mg may be appropriate.**
- **If less than 20 cigarettes, 2mg may be the appropriated dosage.**
- **If greater than 20 cigarettes per day, 4mg lozenge is recommended.**
- **Patients can use up to 12 lozenges per day..**
- **1 lozenge every 1-to-2-hours, and no more than 5 lozenges per 6 hours.**
- **Each lozenge delivers nicotine completely in 30 minutes.**
- **Also, no drinking for 15 minutes before and 15 minutes after using the lozenge.**
- **Do not suck like a regular candy. Rather, place lozenge under the tongue or between cheek and teeth as per gum.***

*** Ibid; Perkins et al pp 111-112; Gouvernement du Québec. 2020**

NICOTINE LOZENGE (2)
SIDE EFFECTS

- **May cause burning or irritation in the mouth for some users.**
- **Discontinue usage.***

***Perkins et al. p. 111; Ordre 2016 pp. 3-14. Gouvernement du Québec. 2020**

NICOTINE INHALER (1)

- **A cartridge containing 10mg of nicotine is inserted into a plastic mouthpiece for up to 20 minutes of continuous use.**
- **Only 4mg of nicotine is absorbed via lining of the mouth.**
- **Can deliver up to 80 inhalations.**
- **Patients can use 1-to-12-cartridges per day.**
- **Nicotine is absorbed through the blood vessels which line the mouth, NOT via the lungs, as is the case with e-cigarettes.**
- **Recommend to patients to take short and not deep inhalation as this may cause coughing.***
- **Also, take more puffs per session than for cigarette.**

*** Gouvernement du Québec. 2020; Ordre 2016 pp.3-14; Ordre 2006 p.56; RANO 2007 pp.76-77; Perkins et al. 109-111.**

NICOTINE INHALER (2)
SIDE EFFECTS

- **Could result in throat irritation, coughing, or running nose.**
- **Once patients learns to use it, these can be avoided.**
- **Nicotine inhaler can be used for up to six months or as is necessary.**
- **Useful for those who enjoy the hand-to-mouth motion and nicotine sensory taste.**
- **Wait 15 minutes after usage before drinking.**
- **Does not work well in below zero Centigrade weather.***

*** Ibid; Gouvernement du Québec. 2020**

KNOWING WHEN THE CATHRIDGE IS EMPTY

- **To determine if the cartridge is empty, patients can block the end of the applicator and inhale somewhat more intensely, then quickly release the finger at the end of the applicator while inhaling.**
- **If patients can taste the nicotine, they may continue to use the same cartridge until they no longer can taste any puffs.**
- **The nicotine gum, lozenge and inhaler may be used to reduce tobacco consumption. How that is achieved will be covered on Module 9.**

ASSIST (1)

<u>For those patients who want to quit</u>

Ask: Have you set a quit day?

- **If YES, ask: What is that day and begin to prepare the patient for that day.**
- **If NO attempt to set a quit day that the patient feels comfortable with.**
- **Additional medications for cessation maybe be recommended.**
- **Evaluation of dependency might help as well.**

ASSIST (2)
Dependence on nicotine

- **Nicotine is metabolized quickly (half in about 2 hours).**
- **The rapid drop in blood nicotine level can cause withdrawal symptoms and craving to smoke.**
- **In order to avoid a rapid drop in nicotine which triggers withdrawal and carving, patients should be encouraged to use NRT medications, which contain nicotine but without the toxins found in combustible cigarettes or other forms of tobacco consumption, i.e., pipes, cigars, cigarillos, chewable tobacco or tobacco pouches.**
- **Patients are not "obliged" to take them, but usage can double their chance of quitting. ***

*** Hukkanen et al. 2005 p.86; Griffiths 2005 p. 194.**

ADDITIONAL MEDICATIONS FOR CESSATION

MODULE 6

ASSIST (3)
Choosing the right medications for cessation

- **Patients' preferences are important.**
- **There is no point suggesting medication(s) which patients feel uncomfortable using.**
- **Evaluate pros and cons of medications available to patients.**
- **Encourage active discussion with patients regarding their choices or concerns.**
- **Pay attention to previous failures or successes using cessation medication(s) in the past.**

ASSIST (4)
2 Classes of tobacco cessation medications

- **Patients who choose either class of medications should be prescribed for 3 months or as is necessary.**

1. **Those medications that are not nicotine based.***
2. **Those medications that contain nicotine are referred to as Nicotine Replacement Therapy or NRT.**

***Perkins et al 2008 pp. 95-129, Government of Quebec 2020 pp.1-2.**

ASSIST (5)

- **NRTs have been shown to be safe.**
- **By using NRTs, patients will be able to gradually lower the amount of nicotine needed to offset withdrawal symptoms, including cravings to want to smoke.**
- **The gradual reduction by using NRT can be tailored to the patient desired amount and at their own pace.***

***McEwen et al. 2006 pp. 50-51.**

ASSIST (6)
Fast-acting nicotine medications

- **The nicotine gum, lozenge and inhaler were reviewed earlier for those who are unwilling or unable to stop completely, but who might want to reduce their tobacco consumption.**
- **But these same medications can also be used for tobacco cessation.**
- **The next fast acting medication that can assist smokers to quit is the nicotine vaporizer.**
- **All the above-mentioned medications are fast-acting in that the absorption of nicotine is complete with half-an-hour at most after usage.**

*** Gouvernement du Québec 2020 pp.1-2.**

NICOTINE VAPORIZER (1)

- **Delivers 1 mg nicotine per spray, which is absorbed via the blood vessels of the mouth.**
- **Nicotine is absorbed within 10 minutes after usages.**
- **Patients should be advised to first swallow their saliva prior to use and only then spray once on the *side* of the cheeks, NOT the back of the throat, as that will cause coughing.**
- **After the first spay, patients should wait for 5-to10-minute. Also, no drinking for 15 minutes after use.**
- **If the craving continues, the patient can spay again. This time on the other cheek.**
- **Patients can spray 1 to 4 times per hour (total nicotine=4mg/hour) and up to 64 sprays per day for the 1 mg/ spray (maximum 64mg/day).**

* **Gouvernement du Québec 2020 pp. 1-2.**

NICOTINE VAPORIZER (2)

- **In Québec there are 2 brand of nicotine vaporizer. NICORETTE VAPOÉCLAIR® 1 mg, NIC-HIT® 1 mg, 2 mg.**
- **Use regularly 1 or 2 sprays at a time PRN. Maximum 64 per day or 4 sprays per hour for NICORETTE VAPOÉCLAIR® 1 mg brand.**
- **For brand NIC-HIT® 1 mg, maximum 48 spray/day**
- **For NIC-HIT 2mg, maximum 24 sprays/day***

***Ibid.**

NICOTINE PATCH (1)

- **Step 1: recommended for smokers of greater than 15 or more cigarettes per day.**
- **Each patch contains 21mg, delivered over 24 hours of usage.**
- **Can take up to 2 hours before an optimum level of nicotine is absorbed via the skin.**
- **Referred to as slow-release.**
- **The patch delivers a constant flow of nicotine.**
- **Each patch must be replaced every 24 hours while the rotating site of adhesion.**
- **To be used daily for 4 to 6 weeks followed by Step 2.***

*** Ibid. Perkins et al. p. 103 Gouvernement du Québec 2020 p.2; Ordre 2006 p.58; RANO 2007 p.76**

NICOTINE PATCH (2)

- **Step 2: For those who switch from Step 1 to 2, for an additional 2 to 4 weeks.**
- **Step 2: can also be recommended as a starting step for those patients who smoke roughly 10-15 per day.**
- **Contains 14mg per patch worn over 24 hours.**
- **For those who start with Step 2, recommend its daily usage for 6 to 8 weeks.***

***Ibid.**

NICOTINE PATCH (3)

- **Step 3: For those who are tapering down from Step 2.**
- **Recommend continued use for 2 to 4 additional weeks.***
- **Also for smokers of 10 or less cigarette per day may use this dosage for a total of 12 weeks of daily use.**
- **Each Step 3 patch contains 7 mg.**
- **For those who completed Step 2, recommend Step 3 for 2 to 4 additional weeks hence a possible period for each step could be: 6-4-2-weeks at Step 1, 2 and 3 at each levels, for a total of 12 weeks or longer, if needed.**
- **Those who began with Step 2 recommend it for 8 weeks followed by Step 3 for 4 additional weeks for a 8 and 4 weeks stay at each of these levels.**
- **For those who began with Step 3, recommend for 12 continuous daily use, or as is necessary. ***

***Ibid.**

NICOTINE PATCH (4)
SIDE EFFECTS

- **Sleep disruption may occur when worn during the night.**
- **Recommend removal of patch 1 hour before bedtime.**
- **Patients may experience mild itching lasting a few minutes. First, recommend waiting it out. If itching persists, recommend changing brand due to possible allergic reaction to the adhesive used by that brand.**
- **If skin inflammation precises, discontinue or try using another brand with a difference glue used as adhesive.**
- **Recommend total tobacco abstinence when using the patch.***

*** Perkins et al 2008 pp. 102-105.**

COMBING NRT MEDICATIONS

- **If patients smoke more than 15 cigarettes, recommend Step 1 and additional use of any one of the fast-acting NRTs (gum, lozenge, inhaler or vaporizer) as a breakthrough when cravings to smoke.**
- **Combining slow (NRT patch) and fast-acting NRT increases the chance of quitting compared with only 1 medication used, so consider recommending such an intervention for heavy smokers.**
- **It's safe.**
- **Recommend total tobacco abstinence when using the patch and other combined NRTs.**
- **Excess use of NRT side effects: "headache, nausea, increase sweating, stomach upset, and diarrhea less common. Very light smokers (<10 cigarette per day) may be more likely to experience side effect and should start at a lower dose patch."** Recommend dose NRT reduction until these side effects disappear.**

***Perkins et al. p. 112; Ibid p. 104.**

CONTRAINDICATIONS TO NRTS (1)

- **Patients with a recent myocardial infarction, CVA, or severe angina in less than 2 weeks, or if attending physician disapproves their usage for patient.**
- **Patients with unstable or severe angina might consider using NRT with caution and should first try to quit using other tools discussed below.**
- **Patients in intensive care or if unapproved by attending physician.**
- **“NRT can be used in pregnancy and during breastfeeding following a risk-benefit assessment. If NRT is used, oral NRT products (for example gum, inhaler, microtabs and lozenges) are preferable to nicotine patches”***
- **Allergies to any contents such a the adhesives or hypersensibility to menthol (inhaler, mouth spray) used in such medications.****

***CAN-ADAPPT 2011 p. 31-33; Ordre 2006 p. 57;** Gouvernement du Québec 2020 p. 2**

CONTRAINDICATIONS TO NRTS (2)

- **Pregnant or lactating women might want to first attempt quitting without NRTs.**
- **If they cannot quit, recommend fast-acting NRTs that may be appropriate in consultation with the attending nurse to evaluate risk/ benefit of using such a medication.**
- **Avoid using first the patch as it delivers a constant hourly dosage of nicotine that might to too high.**
- **Recommend to breastfeeding mothers to use NRTs after breastfeeding to minimize the amount of nicotine content in milk.***
- **Removal of patch before exercise and replace with a new one afterwards.**
- **Caution to patients with asthma or other pulmonary disease due to risk of bronchospasm which may occur with nicotine inhaler or vaporize.**

***Ibid.**

NON-NICOTINE MEDIACTIONS

- **Bupropion (Zyban/Welbutrin)**
- **Varenicline (Champix/Chantix)**
- **Both require a physician prescription and close monitoring for side effects.**

BUPROPION (1)

- **Unlike the nicotine patch used for cessation, patients can continue smoking or consume tobacco product(s) for the first 1-to-2- weeks after starting using bupropion.**
- **Therefore, setting a quit date after 1-to-2-weeks of usage is recommended.**
- **The First 3 days recommend sustained-release (SR) 1 pill of 150mg per day.**
- **After 3 days, recommend twice 150mg (total 300mg/day) for 3 months or as necessary.***
- **Interval of at least 8 hours time period before second dosage.***

***Perkins 2008 p. 116; Gouvernement du Québec 2020 p.2.**

BUPROPION (2)

- **Patients can also use bupropion (Zyban) extended-release (XR) 1 pill of 300mg per day for 3 months or as necessary. Not available in Quebec.**
- **Bupropion can also be combined with the various NRTs.**
- **When combined, it may improve cessation with patients of previous episodes of depression or weight gain occurring after previous cessation attempts.***

***Ibid.**

BUPROPION (3)
SIDE EFFECTS

- **Insomnia (30%)**
- **Dry mouth or dizziness (10%).**
- **Hypertension (2%)**
- **Neck pain**
- **Tremor**
- **Myalgia**
- **Skin rash**
- **Dry skin**
- **or change of taste***

***Ibid.**

CONTRAINDICATION TO BUPROPION (4)

- **Patients with previous seizures or severe brain injury should NOT use bupropion.**
- **Persons with eating disorders such as anorexia nervosa or bulimia should be discouraged from using it.**
- **Patients with bipolar disorder or recent alcohol cessation.**
- **Certain medications lower seizure thresholds, such as phenothiazines or benzodiazepines. Not recommended for such patients.**
- **Do not recommend to patients who have used monoamine oxidase in the previous 14 days. Also not recommended for those taking thioridazine.**
- **Close monitoring is recommended.**

***Ibid.**

CONTRAINDICATION TO BUPROPION (5)

- **Pregnant or breastfeeding should not be taking any form of bupropion.**
- **Those under 18 years of age.**
- **Patients with renal or hepatic illness should first discuss using bupropion with patients' doctors, including the pros and cons, or to consider alternative options.***

- **Gouvernement du Québec 2020 p.2.**

VARENICLINE (Champix /Chantix) (1)

- **First 3 days: 1 pill (0.5mg) in the morning with lots of water.**
- **From day 4-to-7: 1 pill (0.5mg) in the morning and another in the evening (QID).**
- **From 8 days for 3 months or longer: suggest 1 pill (1mg) in the morning with lots of water and 1 pill (1mg) in evening.**
- **If nausea persist reduce to 0.5 mg BID.**
- **Patients can still smoke for the first 8 to 35 days, but are strongly recommend to reduce and then or quit within that time interval.***

*** Gouvernement du Québec 2020 p.2; Perkins et al 2008 pp. 117-119.**

VARENICLINE (Champix /Chantix) (2)

- **A physician prescription is required.**
- **Side effects are nausea from mild to moderate (30%); insomnia (10%); headache; abnormal dreams.**
- **Contraindicative to women who are pregnant or breastfeeding or those under 18 years.**
- **Those impaired renal function should be monitored by their doctors.***

***Ibid.**

DETERMINING LEVEL OF SMOKING ADDICTION

- **Fagerström Test for Nicotine Dependence (FTND) can be downloaded and used to determine the amount of medication(s) that might be needed for patients.**
- **This test will determine the degree of addiction from a scale of 1 to 10. One is low addiction, while 10 is very high. If a person smokes around 15 cigarettes per day, and scores high on the FTND, that might require combination treatment that can further inform both patients and healthcare providers.***

- **Gouvernement du Québec 2015 p.18.**

ASSIST (1)

PATIENT INFORMED CONSENT FOR MEDICATIONS' USE IS REQUIRED

- **Based on patients' preference.**
- **Previous experience regarding usage.**
- **Judging their adherence.**
- **Willingness to either use or not use any or some medication(s). Patients' decision ought to be respected either way, although nurses should inform patients that reduction/cessation medications improve the change for reducing and quitting.**

ASSIST (2)
ADDITIONAL PREPARATION FOR QUIT DAY

- **Suggest: Make sure patients' quit days are not hectic.**
- **Advice smokers to throw away remaining cigarettes prior to bedtime. If patients refuses, suggest hiding the pack in a difficult-to-reach place.**
- **Prepare the day before quit-day by having a glass of water by bedside to drink first thing in the morning and prepare by having medication(s) by the bedside.**
- **Nicotine patch should be placed immediately when waking up in the morning, or soon as possible.**
- **Recommend to patients' to use 1 of the fast-acting NRTs soon after waking up as well, especially if smokers who usually have their first cigarette in the morning within 30 minutes after waking up.***

*** Erban 2012 p. 18-21.**

ASSIST (3)
ADDITIONAL PREPARATION FOR QUIT DAY

- **Recommend patients threat their day as if it were their birthday.**
- **Help plan to cope with strategies to deal with the craving to smoke and withdrawal symptom to be discussed next.***

***Ibid.**

COPING WITH CESSATION

MODULE 7

ASSIST:
COPING WITH CRAVINGS

- **Craving is a desire or want to smoke and the intention to do so. This is usually accompanied by the act of getting the craved object.**
- **Can have different subjective manifestations and degrees of subjective motivation.**
- **Motivates smokers mentally and physically to want to smoke, smoke or buy more cigarettes.**
- **Can be caused by triggers such as withdrawal symptoms, stress or negative emotions.**
- **Can also be triggered by external cues, such as social or environmental settings (incentive salience).**

***Stroebe W 2011 pp.45-46; Erban 2012 pp.19-20.**

ASSIST:
WHAT ARE TRIGGERS (CUES)?

- **Any event that can cause a smoker to have a want, desire, intent or to crave a cigarette.**
- **Previous linked events with smoking could trigger the want to smoke.**
- **For quitters, it could also be due to insufficient use of NRTs.**
- **Many triggers are negative emotions, such as depression, anxiety or boredom, but could also be caused by social events.***

***Kassel 2003 pp. 282-283; Erban 2012 pp.46-47.**

EASY RULES TO REDUCE OR STOP SMOKING

MODULE 8

CONTROLLING CARVINGS TO SMOKE

- **Quitting smoking restores patients' control over their tobacco consumption or smoking.**
- **Craving to smoke can last anywhere from a few seconds to a recurring and longer period of many minutes, and it can occur several times per day.**
- **These diminish in intensity and occurrence over the period of abstinence. The longer the smoker or tobacco consumer does not smoke, the less will the daily craving occur, due to lapse of time.**
- **Advice patients to use the following easy to use rules to help them either reduce their tobacco smoking or stop completely.**

*** Erban 2012.**

RULE 1: FOR THOSE WHO ARE QUITTING: "NOT EVEN 1"

- **Suggest to patients to repeat saying to themselves:**
- **" I should not smoke even 1 cigarette, because if I allow myself even 1 after I quit, then it's OK for me to smoke another the next time I crave, and another, and so on, resulting in relapsing to smoking.**
- **In effect, this cognitive state inhibits the crave or impulse to smoke or consume tobacco. The impulse to consume tobacco is inhibited causing not to consume, but to act otherwise to be further discussed.***

"RULE 1: FOR THOSE WHO ARE QUITTING: "NOT EVEN 1 CIGARETTE"*

***Erban 2012 pp. 38-43.**

RULE 2: FOR QUITTERS AND REDUCERS "USE NRT"

- **Craving to smoke is sometimes caused by a rapid drop in nicotine blood level.**
- **Using NRTs can avoid such a rapid drop.**
- **Therefore, when the craving to smoke occurs, recommend to patients to use them as needed to replace tobacco. They are safe.**
- **Patients often underuse these medications which can cause them to go back to smoking, so encourage their proper use."**

"RULE 2: FOR QUITTERS AND REDUCERS "USE ENOUGH NRT" TO REPLACE SMOKING OR ANY TOBACCO."*

***ERBAN J 2012 p.13**

RULE 3: FOR BOTH QUITTERS AND REDUCERS "DEEP BREATHING"

- **One way that smokers can better cope with withdrawal symptoms, including the craving to smoke, is by deep breathing.**
- **The following exercise will teach you how to deep breathe, which can be shown to your patients.**
- **As smokers, many of their inhalations are deep. Once smokers stop smoking, they might neglect or forget to deep breathe.**
- **The following exercise will teach you and patients to deep breathe without smoking**

"RULE 3: FOR BOTH QUITTERS AND REDUCERS "DEEP BREATHE"*

***ERBAN J, 2012 p. 39; Erban J 2018 No .20-21.**

DEEP BREATHING (1)

- **Suggest to your patients to sit comfortably in a chair, hands pointing downward. Ask them to close their eyes while they deep breathe.**
- **Normally, we breathe with the upper part of our chest. Deep breathing is done with the lower part, the part closer to our stomach.**
- **Suggest to patients to put a hand on their stomach and press the hand gently inward. Now, as they inhale through their nose, to try to push their hand *outwards* as far as they can while breathing in as deeply as possible. Suggest to feel the stomach balloon.**

DEEP BREATHING (2)

- **After holding-in the breathe for a split second, suggest to begin exhaling slowly through the mouth. Slowing let the air out through the mouth and notice the hand on the stomach is moving *inward*.**
- **Suggest to your patients to say to themselves: "inhale“, hold for a few seconds, and as they exhale self-talk in a calm voice: RELAX as the stomach deflates (repeat the exercise of inhaling, holding for a split second and exhaling slowly through ones mouth feeling the body relaxing.)**

***Davis et al. pp. 27-40.**

RULE 4: FOR QUITTERS OR REDUCERS "DISPLACE FOR ONE PLACE TO ANOTHER"

- **Being in a place that smokers used to smoke can cause smokers to want to smoke.**
- **Displacing to another place, especially a non-smoking area, even for just a few moments, can help remove the social trigger (cue) that can cause smokers to want to smoke.**

"RULE 4: FOR QUITTERS OR REDUCERS: <u>GO FOR ONE PLACE TO ANOTHER</u>"*

***Erban J 2018 No. 21 .**

RULE 5: FOR QUITTERS OR REDUCERS "REWARD YOURSELF WHEN YOU BEAT THE URGE"

- **Cigarettes often serve the purpose of a reward. Instead of rewarding oneself with cigarettes, suggest other healthy ways that patients can reward themselves.**
- **Monitor for lifestyle changes to further ensure that patients' aren't replacing their smoking addiction with another addictions, such as eating excessive ultra process foods or excessive online gaming.**

RULE 5: "REWARD YOURSELF WHEN YOU BEAT THE URGE"

***Ibid.**

SUMMARY: SIMPLE RULES TO COPE WITH CRAVINGS

- **“RULE 1: FOR THOSE WHO ARE QUITTING: “NOT EVEN 1 CIGARETTE”***
- **“RULE 2: FOR QUITTERS AND REDUCERS “USE ENOUGH NRT” TO REPLACE SMOKING OR TOBACCO.”***
- **“RULE 3: FOR BOTH QUITTERS AND REDUCERS “DEEP BREATHE”***
- **“RULE 4: FOR QUITTERS OR REDUCERS: GO FOR ONE PLACE TO ANOTHER”**
- **“RULE 5: “REWARD YOURSELF WHEN YOU BEAT THE URGE”**

RECOMMEND TO PATIENTS TO REPEAT OR CARRY A COPY WITH THEM ALWAYS!

ABOUT USING THESE RULES

- **Patients should be encouraged to use those simple rules that are easy to remember and can be effective to overcome urges that will arise after reducing or quitting.**
- **Suggest that they repeat these rules to themselves regularly, so that they become the automatic response to inhibiting wanting to smoke, which, at first, can be difficult for reducers/quitters.**
- **Use them when all cravings occur.**
- **Increase with patients own personal rules that they can use to inhibit cravings to smoke or consume other tobacco products once they quit.**

***Ibid**

COPING WITH WITHDRAWAL SYMPTOMS

- **Withdrawal symptoms occur when tobacco consumers either reduced or stop their tobacco consumption.**
- **Can last for 2-to-4-weeks. For some even longer.**
- **Patient should be aware of what these are, and positive ways of coping with their potential occurrence.**

IRRITABILITY OR INCREASED ANGER

- **Can occur up to 4 weeks after cessation.**
- **Experienced by 50% of those quitting.**
- **Patients can use: NRTs, deep breathe, repeat positive reasons for wanting to quit, hot relaxing bath with soothing music, outside walk in a park, work on a relaxing hobby, meditate, exercise, read a good book, daydream of being free of tobacco.**

*** McEwen et al. 2007 p.47; Erban 2018 No. 22; McKay et al. 2011 pp. 12-14 and 61-64.**

DEPRESSION

- **Less than 4 weeks.**
- **Occurs in 60% of patients.**
- **Patients can use: NRTs, exercise, rewarding themselves by doing things they like. I.e., a hobby or getting together with friends.**
- **Remind patients that it does get better, and focus patients thinking on the benefit of quitting and other positivities in their lives.**
- **Consider bupropion (Zyban) in addition to NRT if not contraindicative**.

***Ibid.**

RESTLESSNESS

- **Less than 4-week duration.**
- **Occurs in 60% of quitters.**
- **Patients can use: NRTs, yoga as an exercise, regular deep breathing, walking in a park, comforting music, meditation, mindfulness or exercises, dance to music, community volunteering.**

***Ibid.**

POOR CONCENTRATION

- **Less than 2 weeks.**
- **Occurs in 60%.**
- **Patients can use: NRTs, reduce additional work load; instead of memory, advice to write tasks on paper, or take more breaks, getting enough sleep and/or naps.**
- **Patients should be advised to either quit or reduce when conditions in their life are NOT exceedingly demanding to as to render things possibly worse.**
- **Remind patients that it does get better with time.***

*** Ibid.**

INCREASED APPETITE

- **Can last for more than 10 weeks.**
- **Occurs in 70% of reducers or quitters.**
- **Patients can : eat low-calorie nutritious foods such as veggies and fruits, exercise by walking, work on hobbies patients like instead of eating.**
- **Recommend healthy snack.**
- **Physicians can also prescribe bupropion.***

***Perkins et al. pp. 177-180; Parsons et al. 2009 pp. 2-3, Swinburn et al. p. 123.**

INSOMNIA

- **Less than 1 week.**
- **Occurs in 25% of quitters.**
- **Patients can stop drinking products containing caffeine after 3:00 PM, exercise during the day, reduce NRTs use 1 hour before bedtime, remove the patch for the night.**
- **Deep breathing with muscle relaxation or visualizing a relaxing scene (see below).***

***McKay et al. pp. 64-67.**

CONSTIPATION

- **More than 4 weeks.**
- **Occurs in 17% of quitters.**
- **Patients should eat more fruits and vegetable, drink more water, eat more whole grain cereals or food, exercise.***
- **It does improve with time.**

*** Swinburn et al. p. 123.**

MOUTH ULCERS

- **Greater than 4 weeks.**
- **Patients should discontinue oral NRTS and consult a doctor to determine the underlying cause as these may vary.***

*** Gouvernement du Québec 2020 p. 2.**

FATIGUE

- **Can last from 2-to-4-weeks.**
- **Patient can use more NRTS, take more naps, minimize extra workload, relaxing exercises such as yoga or mediation.**
- **Remind patients that it does improve with time.***

***McKay et al. 115-125.**

ARRANGE:
5A. Arrange for follow-ups

- **Regular follow-up, 1 month, 3 months or 6 months.**
- **Preferably for 5 years after cessation.**
- **Provide support if needed.**
- **Help modify treatment when necessary.**
- **Determine progress on those who are reducing, by further assisting them to quit.**
- **Assisting with slip-ups or relapse.**
- **Assist in the reduction of medications upon cessation.**
- **All discussions should be documented.**

ARRANGE:
PROGRESS IN REDUCTION

- **Ask patients: Have you reduced the amount previously smoked? If the answer NO, Ask: Are you using any NRTs? If NO, attempt to find out why not, and encourage further reduction or cessation using alternative medications and additional counselling, including motivation interviewing to be discussed later.**
- **IF YES, ask patients: how can you further reduce and suggest reducing by <u>eliminating the easiest one first</u>.**
- **Chart follow-up to determine plan for additional reduction.***

***Erban 2018 Chapter 19.**

ARRANGE:
COPING WITH SLIPS-UPS (1)

- **Slip-ups for quitters means that they had 1 or 2 cigarettes while trying to quit or after having quit.**
- **It means that they were unable to cope with a strong craving to smoke and succumbed to it.**
- **Some might even feel guilty for having slipped or feel a sense of failure.**
- **Patients should be assured that it is normal and that many quitters also slipped eventually quit; that it does not mean that they have gone back to smoking regularly; that they should be encouraged to continue and offer a pat on the back for having quit thus far.**
- **Suggest analyzing what were the triggers for craving and plan for similar situations with 3 strategies that patients can use when they will encounter similar events.***
- **Ibid.**

ARRANG:
COPING WITH SLIPS-UPS (2)

- **Something positive should emerge from slip-ups.**
- **Instead of feeling guilty because they think that they failed, suggest to them to think of slip-ups as learning opportunities to improve their coping capacity to deal with such situations that may have caused them to have one or two cigarettes, or not yet reaching their cessation goal.**
- **Now think of ways to suggest to them how they could change their strategies in such ways that they will better cope with their slips the next time they may find themselves in similar situations.**
- **Suggest trying to visualize what they were doing when they slipped, and imagine being in similar situations. Once there, come up with at least 3 ways to overcome the desire to smoke in such risker circumstances.**

ARRANGE:
RELAPSE (1)

- **There are many cues or triggers that can cause ex-smokers to go back to smoking regularly.**
- **Stress and its concomitant negative emotions or moods are a leading trigger to want to smoke after quitting.***
- **If ex-smokers find themselves in problematic situations and are having difficulties resolving such a stressful state, some may seek to escape or reduce negative affects by going back to smoking.**
- **Smoking may give some momentary relief, but it will probably cause many to relapse leading to regular daily smoking or tobacco use in the short time that follows.***

***Kassel 2003 p. 282.**

ARRANGE:
RELAPSE (2)

- **Nevertheless, relapsing is a component of many addictions which causes the addict to go back to their consuming their addictive item or behavior, even if they do not wish to rationally do so.**
- **This is one reason why the medical community views addiction as a chronic disease.**
- **In other words, a perceived or even unconscious short relief from life's problems can quickly result in relapsing and long-term harm, a heavy price to pay, especially when other means, to be discussed later, that are available to achieve some relief from stress or negative emotions affecting our daily lives**.

ARRANGE:
RELAPSE (3)

- **It can take 3-to-8-attempts for quitters to become cigarette free.**
- **Each attempt can help quitters better cope by learning about cessation.**
- **Consider re-applying motivational interviewing with patients.**
- **Encourage patients to review their reason(s) for wanting to quit and write them down, adding positive gains or avoiding bad outcomes.**
- **Suggest setting another quit day or reducing their tobacco smoking.**
- **Suggest getting additional help.***

*** CAN-ADDAPT 2011 p.9-10**

COPING WITH RELAPSE

- **However, if your patients relapsed, it means that they began smoking regularly again.**
- **If such is the case, suggest to them to repeat their reasons for wanting to quit smoking tobacco again, focusing on the benefits of quitting, and consider setting another quit day.**
- **Remind smokers that it can take several attempt before smokers generally quit.**
- **However, emphasize that the sooner they do so, the better.**
- **At the same time try to understand what may have caused your patients to have relapsed.**

ARRANGE:
Recommend community resources in Québec (1)

- **Centres d'abandon du tabagisme (aide en personne – individuelle ou en groupe), https://quebecsanstabac.ca/jarrete/aide-personne**
- **Ligne J'ARRÊTE (aide par téléphone), 1 866 JARRETE (527-7383)**
- **Site Internet J'ARRÊTE (aide en ligne), www.jarrete.qc.ca**
- **SMAT : service de messagerie texte pour arrêter le tabac (aide par texto), smat.ca**
- **Groupe J'ARRÊTE sur Facebook***

*** Gouvernement du Québec 2020 p. 2.**

ARRANGE:
Recommend community resources in Québec (2)

- **J'Arrete: available Monday-to-Thursday from 8 AM to 9PM; Fridays from 8 AM to 8PM: phone # 1-866-527-7383.**
- **Quebec Lung Association: Monday-to Thursday from 8 AM to 4:30PM; Fridays from 8 AM to noon, Phone # 1-888-768-6669 ext.232.**
- **24/7day assistance hotline for tobacco and other substance misuses 514-527-2626 or 1- 800-265-2626.**

REDUCING CIGARETTE SMOKING

MODULE 9

HOW TO REDUCE CIGARETTE SMOKING

- **Reducing-to-quit entails wanting to achieve a goal concerning reducing the amount of smoking to eventually quit tobacco completely.**
- **For patients who are unwilling, or not ready to want to quit completely; or for those who are as yet unable to completely stop smoking, but may be amenable to reducing the number of daily cigarettes.**
- **The more precise the reduction goal is, the clearer is the way of achieving it.***
- **Some smokers consider reducing, but have not given such a goal a precise target that they may wish to achieve.**

***Erban J 2018 Chapters 18, 19.**

QUEBEC REDUCTION GUIDELINE

- **RAMQ covers the nicotine gum and lozenge for up to 12 weeks per year at 66% of regular cost and only up to 840 pieces for reduction with intent to quit.**
- **They recommend that patients be advised to lengthened the period between each cigarette and to consciously reduce daily cigarette smoking, starting from the easiest to the most difficult.**
- **Recommend up to 20 piece of nicotine gum or lozenge per day for a period of 6 months when the smokers will have to quit.**
- **Varenicline can also be used for gradual reduction: smoking stops at 3 months.***

*** Gouvernement du Québec 2020 pp. 1-2.**

CHOOSING A GOAL

- **This counsellor's view, based on his clinical experience, is that it is the smokers who ought to decide how much they wish to reduce their cigarette consumption; and how fast they may wish to do so, but at the same time it is important to be focused as to what the next target might be.**
- **That would require that counsellors suggest to patients to set a certain goal and consciously work with them on achieving that goal.**
- **Let us take the case of Janet who wants to reduce her smoking to 10 cigarettes per day and she wishes to do so in the next, say, 3 months.**

***Erban 2018 Chapters 18, 19.**

CASE STUDY: CIGARETTE SMOKING REDUCTION (1)

- **After first consciously tracking her smoking pattern, as was suggested by her nurse, Janet realized that she smokes about 25 cigarettes per day.**
- **For Janet to drop to 10 cigarettes per day, which is her goal, she would have to reduce her smoking by 60% in 2 months, which Janet realized is achievable for her.**
- **She might write, "I would like to reduce my smoking from 25 cigarettes to 10 cigarettes in about 8 weeks. I will review my progress every week and I may need to modify my plan, if I have to.“**
- **Now consider charting your patient initial goal and review progress next visit.**

CASE STUDY: CIGARETTE SMOKING REDUCTION (2)

- **Nurse charts: follow-up with the patient to reduce her smoking cigarettes from an amount currently smoked 25 to an amount of 10/per day in about 8 weeks.**
- **Recommend to the patient to review progress every week and modify her plan to do so if needed.**
- **In the case of Janet, the next thing she needs to do is to prepare to start implementing this process. In other words, she has to choose a day to begin reducing over the 8 weeks that is needed to achieve her goal.**
- **Janet decided to begin reducing her smoking on her birthday, as a gift to herself. She writes in her journal, I will begin reducing smoking cigarettes on March 1 and I will try to bring it down to 10 by May 1.**

CASE STUDY: CIGARETTE SMOKING REDUCTION (3)

- **Some smokers might find Janet's rate of reduction is too quick for them to achieve, others might find it too slow and feel that they can reduce their smoking at an even faster pace.**
- **Whatever the case may be with your patients, consider suggesting choosing a rate of reduction that patients feel able to achieve and follow-up on progress.**
- **Nurses can always suggest modifying how fast patients wish to reduce to suit their patients' comfort level.**
- **Suggest to patients to consider a day that they will begin to implement reduction and to write the date in their calendar, as a reminder.**

CASE STUDY: CIGARETTE SMOKING REDUCTION (4)

- **As was previously mentioned, one reason why people continue to smoke cigarettes is to maintain a level of nicotine that they've gotten accustomed to (tolerance).**
- **By gradually reducing smoking, patients will experience a reduction in the consumption of nicotine in tobacco that may cause them to want to smoke more. One way to better control a drop in nicotine, is to replace the lost nicotine from reducing smoking cigarettes, is by using any of the fast-acting nicotine replacement medications mentioned in previous slides.**
- **These medications, to repeat are the nicotine gum, the nicotine lozenge, the nicotine inhaler. While they contain nicotine, they lack the toxic substances found in tobacco, rendering them much safer and their use for limited time.**
- **These products have been approved as means of consuming nicotine in a safer form than the nicotine obtained by smoking or consuming tobacco.**

CASE STUDY: CIGARETTE SMOKING REDUCTION (5)

- **Some of your patients are already using electronic cigarettes or e-cigarettes to help them reduce their smoking cigarettes.**
- **While these products are poorly regulated at the time of writing (2024), if your patients are comfortable using these, you might want to suggest reducing using them as well, by using NRTs instead of electronic cigarettes, as e-cigarettes maybe more harmful than NRTs.**
- **Nurses should discourage the use of electronic cigarettes as a means of reduction or cessation of cigarettes as there is no known method of either reduction or cessation guidelines for electronic cigarettes to date.**
- **E-cigarettes could be as addictive as cigarettes and likewise difficult to stop consuming once addiction sets in!**

CASE STUDY: CIGARETTE SMOKING REDUCTION (6)

- **Once patients have selected the day to begin reduction, suggest setting aside the number of cigarettes they plan to smoke for that day.**
- **In the case of Janet, she will set aside 23 instead of her usual 25 cigarettes as her daily ration, and she will replace the 2 cigarettes that she wishes to eliminate by using the nicotine oral lozenge.**

CASE STUDY: CIGARETTE SMOKING REDUCTION - DELAY (7)

- **One strategy that patients might consider is delaying the interval of smoking.**
- **Instead of a cigarette, they can replace it with NRTs that they considered using.**
- **In this way, they would be getting their nicotine in a less harmful way, while not experiencing severe withdrawal symptoms.**
- **By delaying the next cigarette, they invariably smoke less, as they would have gotten their nicotine in a much safer form. The less they smoke, the fewer toxins they consume. Suggest to patients to repeat: "DELAY" often.**
- **Before reaching for that automatic cigarette, suggest to your patients to stop - and ask themselves: Can I replace that cigarette with my nicotine gum or whichever nicotine product I want to use instead?**

CASE STUDY: CIGARETTE SMOKING REDUCTION - DELAY (8)

- **Janet decided to postpone her first cigarette by using her nicotine lozenge. In doing so, she delays smoking and will smoke only when she really really wants a cigarette.**
- **She will try to delay by using her nicotine lozenge as often as she can. If at any given time, however, she wishes to switch to smoking a cigarette she could do so, but within her chosen limits, that she herself set up.**
- **Remember not smoked and use oral NRTs at the same time.**
- **In the case of Janet, she wanted to drop from 25 cigarettes to 10 in 8 weeks.**
- **Each morning, she sets aside the amount that she will smoke for the day. That is the limit she will set aside for that day, and try to stick with that plan.**

CASE STUDY: CIGARETTE SMOKING REDUCTION - DELAY (9)

- **After having begun reducing, in week 1 Janet dropped from 25 to 23, and remained at that level for that week.**
- **The following week, she further dropped from 23 to 21 and so on. At the same time Janet increased her use of NRTs instead of smoking her cigarettes.**
- **Setting aside the amount that Janet permitted herself to smoke for the day, ensured that she stuck to her plan to reduce to 10 cigarettes per day until she is ready to eventually quit smoking for good.**
- **Although Janet did not quit, it empowered her to believe that she can control her smoking, furthering her confidence to eventually quit.**
- **For those patients who wish to reduce smoking without using nicotine replacement medications, they may consider wanting to delay their smoking by doing deep breathing or other suggestions mentioned next.**

REDUCTION OF NRT

- **The very same principle can apply to reducing the usage of NRTs.**
- **The patch is straight forward: Step 1 followed Step 2 followed by Step 3, if the patients began with those dosages; or Step 2 followed by Step 3 if patients began at those dosages.**
- **Once the patch is discontinued, patients may still use oral NRTs as necessary, and when ready, to gradually reduce their usage, in a similar way as regards cigarette smoking reduction-to-quit.**
- **The secret is to reduce oral NRTs gradually at patients' preferences.**

MOTIVATIONAL INTERVIEWING

MODULE 10

INCREASING MOTIVATION TO QUIT (1)

- **Patients may find themselves at different stages of wanting or having intention to either reduce or quit smoking cigarettes.**
- **A simple question can inform nurses as to the level of motivation of their patients using the Motivation to Stop Scale.***
- **The higher the level of motivation is in the next slide, the great is the chance of attempting quitting in a 6 month follow-up.**

*** Kotz et al. 2012 pp. 15-19.**

INCREASING MOTIVATION TO QUIT (2)

<u>Ask:</u> "Which of the following describes you?

1. **I don't want to stop smoking;**
2. **I think I should stop smoking but don't really want to;**
3. **I want to stop smoking but haven't thought about when;**
4. **I REALLY want to stop smoking but don't know when;**
5. **I want to stop smoking and hope to soon;**
6. **I REALLY want to stop smoking and intend to do so in the next 3 months;**
7. **I REALLY want to stop smoking and intend to in the next month."***

***Ibid.**

INCREASING MOTIVATION TO QUIT (3)

- **To quit smoking cigarettes, patients must want to quit and also intend to do so in the future. It must be patients themselves - not others!**
- **Motivational Interviewing [MI] with patients can further enhance their desire and intent to eventually quit.**
- **It involves "collaboration", "exploration" and "supporting" patients "autonomous choices" by "eliciting" or "drawing out" motivations from within patients' own "beliefs", "goals" and "values".***
- **And "…its intended focus is on the motivational struggles, issues of change for which a person is not clearly ready and willing, or is ambivalent."***

***Miller and Rollnick 2002 pp. 3-42.**

INCREASING MOTIVATION TO QUIT (4)

There are 4 general principles in MI:

1. **"Express empathy: acceptance facilitates change; skillful reflective listening; ambivalence is normal.**
2. **Develop discrepancy: triggered by discontent with the costs of one's present course of behaviour and by perceived advantage of behavioural change….change is motivated by a perceived discrepancy between present behaviour and important personal goals and values.**
3. **Roll with resistance: avoid argument for change. Resistance is not directly opposed. New perspectives are invited but not imposed. Client is the primary resource in finding answers.**
4. **Support self-efficacy: belief in the possibility of change is an important motivator. Client is responsible for carrying out change. Counsellor own belief in the patients ability to change becomes self-fulfilling prophecy."***

***Ibid.**

INCREASING MOTIVATION TO QUIT (5)

- **One strategy that can further increase patients to want to quit is to suggest to them to think of 2 options:**
- **The first is to list the advantages of continuing smoking and next to that list, the disadvantages of continuing smoking.**
- **The second option is to list the advantages of quitting tobacco and next to that, list the disadvantages of quitting.**
- **In doing this simple exercise patients might become clearer and closer to understanding their values and benefits that they may gain by quitting, in the short and longer terms.* See example next slide.**

*** Ibid. p. 16.**

INCREASING MOTIVATION TO QUIT (5)

Advantage of quitting	Disadvantage of quitting	Advantage of smoking	Disadvantage of smoking
More money to spend on family.	Feel withdrawal symptoms.	A little pleasure	Too expensive.
Clothes and hair will smell better.	Friends who smoke will berate and make fun of me.		Worry of disease I may get.
Will look and feel better. Smoking causes fatigue, wrinkles and premature aging.			Worry my family not getting sick or poor if I get sick because I cannot work.
Teeth will be whiter and fingers will no longer be yellow.			Always tired, difficulty breathing.
Free from cigarettes that will no longer control my life			Low self-esteem because I smoke.
No more feeling guilt,			Poor example for my

INCREASING MOTIVATION TO QUIT (6)

- **Caregivers can assist quitter through motivational interviewing by enhancing the discrepancies between their tobacco consumption with important goals and values.**
- **This is achieved by pointing out the benefits of quitting and assist smokers deal with their concerns regarding quitting and its anticipated outcomes.**
- **MI highlights how quitting tobacco restores adherence to values and one's goals, while continuing smoking being contrary to these, based on patients' own values and choices.**

COPING WITH NEGATIVE EMOTIONS & STRESS

Module 11

NEGATIVE EMOTIONS & STRESS (1)

- **Cigarettes, for smokers, are often used to manage stress due to daily hassles or life's events.**
- **In some instances, smoking cigarettes were used as a "time out" before plunging into an ever-growing list of life's problems.**
- **For others, cigarettes serve the purpose of managing stress or hassles by momentarily alleviating tension from difficult and increasingly demanding life's situations.**
- **It could also be used to focus on how to go about dealing with a problem they are planning to resolve.**
- **When smokers quit, cigarettes can no longer serve such purposes of managing hassles or other stressors that quitters will invariably encounter.**

***Kassel et al. 2003.**

NEGATIVE EMOTIONS & STRESS (2)

- **There is a void left once smokers quit, leaving ex-smokers searching for new ways to cope with life's problems, negative emotions or stressful demands.**
- **Nevertheless, emotions - both positive and negative - play an integral component in situations that trigger a want or crave to smoke or consume tobacco in its various forms.**

NEGATIVE EMOTIONS & STRESS (3)

- **We will now focus on stress and smoking that are accompanied by emotions such as anger, fear, anxiety, depression and potentially a host of other negative emotions.**
- **Subsequently, I will focus on positive emotions such as happiness, pleasure, reward and relief, and how such emotions can cause a person to want to smoke as well.**
- **We will begin by looking at how patients can better manage their daily emotions that can cause them, the ex-smokers, to want to smoke.**

WHAT ARE EMOTIONS? (1)

- **Emotions are an integral part of human lives, for better and worse!**
- **When someone cuts us off while driving, we feel anger; or, when we receive bad news, we feel sad; or, if we are uncertain if we got that job we recently applied for and wanted, we may feel anxious, etc.**
- **"Emotion" is defined as: "A transient neurophysiological response to a stimulus that excites a coordinated system of bodily and mental responses and informs us about our relationship to the stimulus and prepares us to deal with it is some ways."***

***Cambridge 2009 p. 179.**

WHAT ARE EMOTIONS? (2)

- **The sorts of perceptions or thoughts we have about our relationship with the stimuli that cause our emotions are related to our emotional state.**
- **Perceptions and thoughts, in part, enable us to plan, or pursue our goals, but also allow us to evaluate how we are progressing in achieving these, or not achieving such goals, and thoughts can recall past events.**
- **The way we think about our sensory experience has a profound effect about how we feel.***

McKay et al. 2011 pp. 15-26.

WHAT ARE EMOTIONS? (3)

- **Emotions occur as a result of how we think of particular situations that are relevant to us.**
- **They occur when we think that a situation is beneficial to us.**
- **On the other hand, other situations may be judged the opposite, as either harmful to us, or as challenges that we wish to overcome successfully, in order to achieve certain intentions that are important to us.**
- **The actual situation coupled with how we think about that situation gives rise to any given emotional state.**
- **How we respond to that emotional state can make a difference in how we may feel afterwards.***

***Ibid.**

WHAT IS STRESS?

- **“There are four general types of stress appraisal: a situation may be benign, or it may involve treats of future stressors, harm or loss and challenges …Thus, appraisals of stress arises when environmental demands exceeds the individuals' resources, especially in situations that are personally significant“***
- **A stressful situation is any situation that we are dissatisfied with, in hopes of rendering that situation to a satisfactory state, but are having difficulties doing so.**
- **In other words, a stressful situation is a problematic situation in need of a resolution.**

***Taylor 2011 p. 17.**

THE RELATIONSHIPS BETWEEN PERCEPTIONS, THOUGHTS AND EMOTIONS (1)

- **The sort of perceptual appraisal or thoughts that we have regarding a stressful situations, can have a profound effect on our emotional states.**
- **If we are experiencing certain strong emotions, there are good chances that current perceptions or thoughts appraisals regarding such situations are causing these emotions.**
- **The above schema states that percepts or other thoughts we have regarding demanding events often cause the emotional state that we may be experiencing.***
- **Let's illustrate this with a case study.**

***McKay et al. 2011 pp. 15-26.**

THE RELATIONSHIPS BETWEEN PERCEPTIONS, THOUGHTS AND EMOTIONS (2)

Marc wakes up and has the following recuring thoughts in sequence:

- **"I have no money, I am such a loser, I should be rich, I have no friends, and no one loves me."**
- **All the thoughts that Marc has induce negative emotions experienced as sadness because his thoughts are focused on what he does not have.**
- **Moreover, when in the past, Marc felt that way, he had a tendency to smoke more. Now that he does not smoke, the urge to smoke increases when he has negative views of himself.**
- **He is thinking of going to the store and buying cigarettes. That's how he dealt with his sadness in the past and is now triggered by similar recuring thoughts and a strong urge to buy cigarettes as a way of coping with his emotional state due primarily to his own thoughts.**

THE RELATIONSHIPS BETWEEN PERCEPTIONS, THOUGHTS AND EMOTIONS (3)

- **One way that Marc can reduce the urge to smoke is by changing the recuring thoughts that are causing him to feel sad. In the same way as he can control other things in life, Marc can also determine the way he thinks about his situation.**
- **Instead of saying, "I have no money", he can reappraise the thought by being honest with himself saying: "I have a little money and, in the future, I will work hard to have more." Instead of saying "I am such a loser", he can reappraise his thought by saying "Life is a marathon, now I don't have much money, but in the future things may be better, and I will do my best to make it happen."**

***Ibid. pp. 27-58.**

THE RELATIONSHIPS BETWEEN PERCEPTIONS, THOUGHTS AND EMOTIONS (4)

- **Or, instead of saying "I have no friends", he can reappraise his thoughts by saying "Tomorrow, I will make it a goal to meet kind people, and some may eventually become friends of mine, I hope."**
- **Instead of saying, "No one loves me" he should really reflect if that is indeed the case. He then remembers that his mother loves him and so does his first cousin.***
- **By reappraising our perceptions or thoughts that are causing negative feelings with more comprehensive thoughts, ex-smokers can reduce the urge to smoke, because they will experience fewer negative thoughts and the ensuing emotions.**

***Ibid.**

REAPPRAISING THOUGHTS (1)

- **One way to avoid ruminating about negative thoughts, which are causing negative emotions, is to take control over one's thoughts.**
- **Suggest to your patients to consider making a list of thoughts that make them feel good about themselves and their lives. And when they feel down, to re-read their gratitude list.**
- **Examples of positive thoughts are: "I still have some good things to do in my life." "I can improve in life." "I'm a good person." "I can make a difference." "I like myself." "I'm honest and kind." "I'm responsible." "I like some people." "I'm able to do things." "I care for others." "I've quit smoking." Bravo !**

***Ibid.**

REAPPRAISING THOUGHTS (2)

- **Now consider suggesting to your patients to draft their own list of thoughts that make them feel good, and whenever they have negative thoughts that cause them to want to smoke, suggest to them to reconsider changing those thoughts to focus on positive thoughts, or to reappraise their thoughts to more accurately reflect their situation.**
- **Also, smokers often use cigarettes as a way of taking time off from stressful situations.**
- **Once smokers quit, smoking is no longer available. But there are other activities that can be used to deal with relief from either anxiety, taking a break, or the other extremity, of being bored.**

ADDING NEW ACTIVITIES

- **Suggest to your patients to consider writing down some positive activities that make them feel good and enable them to take a break or reduce their craving to want to smoke.**
- **The following are examples of positive activities: Talk to a friend. Go for a walk. Take up dancing. Read a good book. Listen to music. Watch a show. Meditate or deep breathe. Exercise or go to the gym. Work on a hobby. Take a self-improvement course. Do some volunteer work. ***
- **Suggest to your patients to consider making their own list of activities that they can use to distract themselves or ways to take breaks from being either anxious, or the opposite, escape from being bored.**

Erban 2012 pp.43-44.

SOCIAL SUPPORT

- **People can also have a profound effect on how we feel.***
- **Some people might be classified as not likable, while others as likable. Suggest to your patients to think of people whom they dislike and those whom they like.**
- **Those disliked: suggest avoiding being in their company, or if patients cannot stay away from them, reduce the amount of time being in their presence and spend more time in the company of those individuals whom they like when quitting tobacco.**
- **On the other hand, good company can make a huge difference in how we feel, so if your patients feel down or bored, suggest to them to spend more time with people whom they know and like.**
- **If negative emotion(s) persist, consider seeking professional counselling.**

***Taylor 2011 p. 93-94.**

POSITIVE SURROUNDINGS

- **The place we happened to be in can make a difference on how we feel.**
- **If a certain place makes your patients feel anxious, suggest finding another place that calms them or that hey enjoy being in. Or, if being in a place bores them, suggest considering going to a place that is more exciting.**
- **Suggest to your patients to think of places that make them feel good.**
- **See example next slide.**

POSITIVE SURROUNDINGS: CASE STUDY (1)

- **Mado lives in an apartment next to another one where noisy workers are renovating for the next 3 days.**
- **After day 2 of constant banging, Mado feels angry and anxious due to the constant noise coming from the workers who need to complete their work.**
- **One way that Mado can reduce her negative emotions is to try to find a place where she does not hear the noise. She might decide to go to the library, or the mall or visit a friend of hers, etc.**
- **By displacing herself to a pleasanter environment, she can begin to feel better, even if it is for a short while.**

POSITIVE SURROUNDINGS: CASE STUDY (2)

- **Suggest to your patients to consider making a list of places that they like.**
- **Whenever they feel down, lonely or anxious, suggest to them to go to a place that they like, and try to avoid those places that they dislike.**
- **Examples of places patients might enjoy are:**
- **Parks/or being outdoors • Theatre • Library • Coffee shop • Restaurant • Certain neighborhoods • Mall • Friend's place • New places to discover • Dance classes or the gym.**
- **Suggest to your patients to consider making a list of positive thoughts, positive activities, positive people and positive places that make them feel good, even for a short while.**

STRESS AND NEGATIVE EMOTIONS: CASE STUDY (1)

- **Marie had the following thoughts about an upcoming work deadline: "Oh my God, I don't think I can finish this on time." and "if I will not complete this work, the boss will fire me" and "if I get fired, how will I pay my bills? All my credit cards are maxed out.“**
- **The emotions that she is experiencing when having those thoughts were: anxiety and fear, and as a smoker she would leave her workstation, go outside and smoke a cigarette for quick escape from them.**
- **This was automatic in the sense that when, in the past, Marie felt very anxious or afraid, she’d reach out for a cigarette as ways of coping with her negative emotions.**

STRESS AND NEGATIVE EMOTIONS CASE STUDY (2)

- **Now an ex-smoker, she would have to learn to deal with her anxiety or fear differently.**
- **Previously I spoke of (+) thoughts, (+) activities. (+) people and (+) environments as some ways to cope with negative feelings.**
- **I also introduced you to deep breathing as another strategy to better cope with emotions, such as being anxious or frightened.**
- **Now we will add more problem-solving tools to help your patients to better deal with negative emotions due to stressful situations, such as meeting deadlines, or other unsatisfactory circumstances that they, as ex-smoker will need to resolve without smoking.**

STRESS AND NEGATIVE EMOTIONS CASE STUDY (3)

- **As mentioned, sometimes the thoughts that patients have about a particularly problematic situation, their appraisal, are the cause of their negative emotions, rather than the actual situation itself.**
- **If one were to judge the stressful situation somewhat differently, by reappraising it more accurately, such negative emotions can be reduced.**
- **And a way to do this is by questioning the comprehensiveness of thoughts that may cause people to have negative emotions, and suggest to your patients to try to rethink them somewhat differently, enlarging options realistically rather than biases or narrow thinking patients may have.**
- **By questioning automatic first thoughts, and rationally reappraising them, looking at the situation more fully, and not ruminating constantly at the same thoughts repeatedly, patients feel a challenge, rather than anxiety. This might require the help of professionals, such as a therapist or psychologist or an attending HC worker.**

***McKay 2011 p.28; Davis et al. pp.136-138.**

STRESS AND NEGATIVE EMOTIONS CASE STUDY (4)

- **Another proactive way of solving problems is to use patients social network as support that can help them in situations that they have difficulty resolving on our own.**
- **Positive people can be extremely helpful through their emotional, instrumental, and informational support in difficult times.**
- **These might be: friends, family members, co-workers, or therapists, that can help stressed patients reappraise particular situations or suggest positive solutions, which can then help better cope with such problematic situations.**
- **In difficult problematic situations craving to smoke tobacco may be at extremely high risk; therefore, by planning for a potentially problematic situations by listing 3 things that your patients can do to distract themselves without cigarettes; for example, (+) thoughts, (+) activities, (+) people, (+) places.**

***McKay et al 2011 pp.253-272.**

STRESS AND NEGATIVE EMOTIONS CASE STUDY (5)

- **Suggest to your clients that in problematic situations they might consider asking themselves: how can I go about solving this problem?**
- **For example, by reappraising inaccurate thoughts: by actively trying to solve the problem themselves; or by seeking the help of people within patients' social network that can assist them, if they have difficulties trying to solve their problem on their own.***
- **This was meant to illustrate that smoking, when stressed, only makes matters worse by adding smoking tobacco as an additional stressful problem that will need to be resolved later, in addition to the underlying pre-existing one.**
- **Taylor 2011 pp. 91-94.**

ACCEPTANCE AND COMMITMENT (1)

- **Nevertheless, there may be times in life when we cannot control certain situations. For instance, the loss of someone or something, being stuck in traffic, being audited by government officials or the occurrence of a natural disaster.**
- **If that were the case, we might consider accepting the fact that there are situations which we cannot change for the better, and, therefore, have to accept them as being beyond our control.**
- **The attitude that may help cope under such circumstances is that of acceptance, but also to remain committed to not smoking tobacco as a way to cope with such difficult and emotionally laden event(s).**

***Pakenham 2011 p. 262.**

ACCEPTANCE AND COMMITMENT (2)

- **Suggest to your patients to consider seeking the help of professionals who can, through therapy may assist them to better cope with uncontrolled negative events.**
- **Accepting our limitations can have a calming effect, obviating negative emotions when we admit to ourselves that we cannot change the situation for the better.**
- **At least we remain faithful to not smoking or consuming tobacco, which is within our control, while seeking additional professional help to better cope with problematic and emotionally laden circumstances.**

DEEP BREATHING AND MUSCLE RELAXATION (1)

- **The following deep breathing exercise will help your patients relax their muscles when tense, or when they have difficulties falling asleep due to stress.**
- **It is especially helpful for those who had a hard day, or if their muscles feel sore, or if they simply want to relax before going to sleep.**
- **In a sited position or lying on a bed, suggest to your patients to close their eyes and take a deep breath in, and slowly exhale through the mouth. Say as well "Relax" or some soothing personal word.**
- **Suggest paying attention to breathing. Breathe in, and slowly breath out. Suggest doing this for a few breathes, say 5 times. Saying "Re"- when inhaling - and "laxxxx when slowing exhaling.**

***Davis et al. 2008 p. 34.**

DEEP BREATHING AND MUSCLE RELAXATION (2)

- **Consider doing this first yourself. While breathing in, pay attention to your feet. When breathing out, focus your attention on relaxing the muscles of your feet.**
- **Breathe in, and slowly breathe out through the mouth, saying "re" when inhaling and "lax" when slowly exhaling as you focus relaxing the muscles of your feet.**
- **Now breathe in, and as you slowly breathe out of your mouth mentally focus, and begin to relax the calve muscles, saying to yourself "Re-laxxxx".**
- **Once more, breathe in, and again relax your calf muscles as you breathe out.**
- **Now focus on the upper thighs. Breathe in, and as you slowly breathe out, relax the muscles of your upper legs.**
- **You can do this by being attentive to any part of your body as you say to yourself slowly "Reee-while inhaling and laxxxx when slowly exhaling."**

DEEP BREATHING AND MUSCLE RELAXATION (3)

- **Repeat again, breathe in, and slowly relax your thighs as you slowly breathe out.**
- **Again, breathe in, and as you slowly breathe out relax your hips and buttocks.**
- **Now focus on your hips. Breathe in, and as you breathe out relax the muscles of the entire hip section.**
- **While eyes still closed, focus on your lower back, breathe in, and as you breathe out, relax your lower back muscles.**
- **Again, breathe in and as you breathe out focus on relaxing the muscles of your lower back.**
- **If it is still tight, repeat until you no longer feel the tightness of your lower back.**

***Ibid.**

DEEP BREATHING AND MUSCLE RELAXATION (4)

- **Next are your shoulders. Breathe in, and as you slowly breathe out, focus on relaxing the muscles of your upper shoulders. Repeat until these feel relaxed.**
- **Next the neck. Breathe in, and as you slowly breathe out, focus your attention and relax the muscles of your neck, while still keeping your eyes closed.**
- **Repeat once more, breathe in, and slowly breathe out as you relax the muscles of your neck.**
- **Now you head, breathe in, and relax your facial muscles. Once more, breathe in, and focus on relaxing your face muscles as you slowly breathe out of your mouth. Feel the muscle relax.**
- **Ibid.**

DEEP BREATHING AND MUSCLE RELAXATION (5)

- **Now focus on your arms. Breathe in, and relax your entire arms as you breathe out. Once more, breathe in and while focusing on your arms relax those muscles.**
- **Now focus on your entire chest and stomach muscles, breathe in, and relax your entire upper body. Feel how relaxed you are. Repeat once more, breathe in, and relax your chest and stomach muscles as you slowly breathe out.**
- **Now relax your entire body. Breathe in deeply, focus on relaxing the entire muscles of your body from head to toe. Breathe in, and slowly as you breathe out, relaxing by focusing, first on relaxing head muscles, and as you slowly breath out, continue to relaxing the entire muscle groups first from head and mentally move to toe. Repeat breathing in, and as you breath out say to yourself "Re=lax" as you focus on relaxing all bodily muscle groups, until completely relaxed. Repeat to desire outcome.**

WEIGHT GAIN AND TOBACCO CESSATION

MODULE 12

COPING WITH WEIGHT GAIN (1)

- **Many smokers continue to smoke tobacco as means of weight control or to loose weight.**
- **When tobacco smokers quit, cigarettes can no longer serve that purpose. Studies looking into quitting smoking tobacco and weight gain found that on average quitters gain 8 – 11 lbs. after 12 months of not smoking, and most of the gain occurs in the first 3 months.***
- **Only a minority of those who quit, 13%, gain more than 20 lbs. Nevertheless, for many quitters, the thought of gaining weight can cause worries that can have an effect on wanting to quit or stay off after quitting.**

*** Perkins et al. 2009 p. 155; McEwen et al. p. 95.**

COPING WITH WEIGHT GAIN (2)

- **Tobacco smokers, in general, weigh less than non-smokers.**
- **When they quit, their weight becomes comparable to that of a nonsmoker.**
- **The reasons why quitters gain weight after quitting are varied.**
- **One such reason is that quitters can no longer use cigarettes to suppress their appetite to eat. So when they quit, that is not longer possible, causing them to feel hunger and, therefore, eat more when they stop.**
- **One way to cope with increased hunger that may occur after quitting is by eating snacks that are low in caloric content.***

***Ibid.**

COPING WITH WEIGHT GAIN (3)

- **Instead of eating ready-made ultra-processed snacks, (UPF), which are rich in calories (sugar and fats), you might want to suggest to your patients to consider those healthy snacks that will minimize their weight gain.***
- **Also, suggest to replace UPF with whole foods, such as an apple, rice, or milk as examples of complete, natural foods, etc.**
- **Suggest to replace ready made foods, that often come with bright colored packaging, many indicating ultra-processed foods, with raw or natural products, such as salades or foods that will require cooking, as in the Mediterranean diet.**

***Popkin 2009; van Tulleken 2023.**

COPING WITH WEIGHT GAIN (4)

- **Another way to minimize weight gain is to embark on an exercise program.**
- **The most feasible is a walking program. Evaluate if your patients can embark on such a walking program. You might want to discuss undertaking the program first with an attending physician, if patients haven't exercised for a while, or, if they have any health-related issues.**

COPING WITH WEIGHT GAIN (5)

Below is a summary of the Mayo Clinic walking program with some modifications *

- **It suggests you walk 5 times per week, but one can begin with just once per week, just to see, and thereafter increase such a workout to perform more often.**
- **Moreover, when one begins walking, suggests to patients to start with a slow pace.**
- **On Day 1, suggest walking for the first 5 minutes just to warm up, and end their walk by slowing down for the last 5 minutes to cool down.**
- **At first, suggest walking at a pace that is comfortable for that patient. When they are ready, suggest increasing their pace until they walk somewhat faster.**

***Sparks 2019.**

COPING WITH WEIGHT GAIN (6)

- **Breathing should progressively increase as one improves until the walker begins to breathe somewhat deeper. If one is walking with someone else, one should be able to talk to that person while walking. Remember to suggest deep breathing.**
- **Every week, suggest trying to add more than 2 -3 minutes to one's previous walking time. If patients find that difficult, suggest staying at that comfort level until they can further progress to the next level, and so on.**

COPING WITH WEIGHT GAIN (7)

WEEK	WARM UP (MN)	BRISK WALKING (MIN)	COOLING DOWN (MIN)
1	5	5	5
2	5	7	5
3	5	9	5
4	5	11	5
5	5	13	5
6	5	15	5
7	5	18	5
8	5	20	5
9	5	23	5
10	5	26	5
11	5	28	5
12	5	30	5

COPING WITH WEIGHT GAIN (8)

- **As they progressively improve, the program suggests adding strength exercises as well, such as push-ups or weight training, if they can, and that being twice per week.**
- **But when it comes to fear of weight gain, what is most important is helping worried patients reappraise the slight weight gain that they may gain once they quit.**
- **According to the current evidence, one would need to gain a huge amount of weight to lose the health benefits of quitting tobacco.**
- **Since most quitters gain only 8-11 lbs. the benefits of quitting tobacco are far greater than the slight weight gain that may occur after quitting.**

COPING WITH WEIGHT GAIN:
CASE STUDY (1)

- **Janet is concern about gaining weight after quitting.**
- **One way to help resolve her concern is for her to think of the pros and cons of quitting versus smoking, focusing on what will happen in the short and long term consequences of either options.**
- **This is what Janet realized. If she continues not to smoke, it's true that she may gain 8 - 11 lbs.**
- **However, she will also have whiter teeth, better complexion, no more yellow fingers, she'll smell better, have a cleaner home, no more holes in her expensive clothes, fewer wrinkles, better self-esteem, better confidence on embarking on new goals, more money, and reduced laundry bill, not to forget better overall well-being when quitting.**

PROS VS. CONS OF QUITTING

Advantage of quitting	Disadvantage of quitting	Advantage of smoking	Disadvantage of smoking
More money to spend on family.	Feel withdrawal symptoms.	A little pleasure	Too expensive.
Clothes and hair will smell better.	Friends who smoke will berate and make fun of me.		Worry of disease I may get.
Will look and feel better. Smoking causes fatigue, wrinkles and premature aging.			Worry my family not getting sick or poor if I get sick because I cannot work.
Teeth will be whiter and fingers will no longer be yellow.			Always tired, difficulty breathing.
Free from cigarettes that will no longer control your life			Low self-esteem because I smoke.
No more feeling guilt,			Poor example for my

COPING WITH WEIGHT GAIN:
CASE STUDY (2)

- **When Janet compared her 2 options, she realized that although she may gain a few pounds in the first 3 months, were she to continue or restart smoking afterwards, she would lose a great deal of the gains from having quit tobacco, because of small weight gain.**
- **She also realized that her confidence and increased self-control from quitting smoking can be used later to better control her eating habits.**
- **If patients are concern about weight gain, suggest focusing on the benefits of quitting. Once that's under control, they might want to embark on reducing their weight. What is more important is not to set biased barriers to quitting tobacco, nor restart smoking tobacco once they quit because of weight gain.**

COPING WITH SOCIAL TRIGGERS

MODULE 13

COPING WITH SOCIAL EVENTS (1)

- **What is common in all the followings example is that certain external events can trigger the ex-smoker to crave to smoke, because often, in the past, those surrounding events were regularly linked with smoking tobacco.**
- **Debra recently quit smoking. She is going to meet her smoking friend whom she smoked socially with for many years. Just the thought of meeting her friend causes Debra to want to smoke.**
- **Johanne walks into her habitual store where in the past, every morning she would get her newspaper and her pack of cigarettes. As an ex-smoker now, when she gets her newspaper at the same store, she has a strong urge to ask for and buy a pack of cigarettes.**

COPING WITH SOCIAL EVENTS (2)

- **Ray walks to his office by a place where he used to smoke regularly. As an ex-smoker, while passing by that place, he thinks of having a cigarette.**
- **As said, what is common in all these examples is that certain environmental events can trigger the ex-smoker to crave to smoke, because in the past those events were regularly linked with smoking.**
- **When ex-smokers finds themselves in those situations, it can trigger (incentive salience), causing the want to smoke, which is experienced as a craving to smoke.**
- **An additional aspect is that often the ex-smoker may be unaware of what exactly is causing them to want to smoke. In other words, the triggers that cause the cravings can remain unconscious to the ex-smoker.**

COPING WITH SOCIAL EVENTS: CASE STUDY (1)

- **Take the case of John and Mary who while walking and having a conversation pass by a smoker.**
- **The brief sight or smell of the passing smoker causes Mary to want to smoke, but she may be unaware why suddenly, she feels like wanting a cigarette.**
- **In order to better control social triggers, triggers that have an external cause, the ex-smoker first must know what are these triggers. In other words, the ex-smoker need to be aware of and pay attention to such cravings and the environment as well.**
- **One way to become more aware of social triggers is to analyze those moments that are causing the ex-smoker to crave to smoke and try to determine their social source as well.**

COPING WITH SOCIAL EVENTS: CASE STUDY (2)

- **Suggest to your patients to consider having a journal to record daily those situations that were particularly difficult to cope with.**
- **Once, your patients identified those situations, suggest to them to ask the following questions: Where was I? Who was I with? Was this a situation I used to smoke previously? What thoughts or emotions did I experience? Were these thoughts and emotions linked to smoking in the past? Was I using enough of the medications to help me quit?**
- **By recall and analysis on these questions, ex-smokers can attempt to identify the underlying situation(s) or other triggers that tempt them to smoke.**
- **Once they have a greater understanding, they can plan with better strategies to cope with similar situations they may arise in the future.**

COPING WITH SOCIAL EVENTS
CASE STUDY (3)

- **Once patients identified their triggers, suggest to patients to try to come up with 3 effective strategies to better cope with such recurring events.**
- **Common social triggers were identified in a recent article by Barabara Pineiro, "*Smoking relapse situations among community recruited sample of Spanish daily smokers.“**
- **The following social situations caused ex-smokers to restart smoking after quitting were noted as follows: "Celebrations, parties, lunches and dinners with friends, meeting with friends, being in the bar with friends, eating/drinking something with friends, drinking alcohol and coffee on holiday.**
- ***Pineiro et al. 2017.**

COPING WITH SOCIAL EVENTS: PLAN EACH DAY IN ADVANCE (1)

- **Another strategy that an ex-smoker might consider is to plan each day in advance for potentially difficult situations, which are expected to arise in the course of that upcoming day.**
- **One method is to plan the day in the morning as part of "things to do" list. If they anticipate that they will encounter difficult situations that will challenge their non-smoking status, suggest planning how they can better deal with such situations before they actually occur. The technique that they might want to consider using is termed "visualization".***

***Davis et al. 2008 pp. 65-73.**

COPING WITH SOCIAL EVENTS: PLAN EACH DAY IN ADVANCE (2)

- **Visualization enables someone to mentally place themselves in a situation and, in the process, to see how they can overcome a potential craving to smoke tobacco, using effective strategies before the event actually occurs.**
- **It is effective by preparing individuals with a script that they developed through internal visualization and that can then can be used when that situation actually unfolds. It, therefore, prepares them to deal with social situations beforehand.**
- **The way to do this is to close one's eyes and to see oneself in one's mind's eye placed in such circumstances.***

***Ibid.**

COPING WITH SOCIAL EVENTS: PLAN EACH DAY IN ADVANCE (3)

- **Suggest trying to be as detailed as possible, to see the people, things, nature of conversation and activities in as detailed ways as possible.**
- **Suggest taking the time to focus on what one is perceived as the difficult moment(s), and come up with at least 3 strategies, in advance of the situation, that one can then use to overcome the urge to smoke.**
- **If patients don't yet feel confident, suggest to them to continue to modify their coping methods until they feel that the strategies they've seen in their mind's eye work to overcome their urge to smoke.**
- **Suggest, as well, to repeat those strategies several times until they become quasi-automatic. It is important to remain committed to the script once formulated as such.***

***Ibid.**

ARRANGE:
FOLLOW-UP

- **Phone call follow-ups is recommended depending on how much time caregivers have.**
- **These may be as often as the day of quitting, next day, in 7 days, 1 month, or 3 months after cessation, and so on.**
- **One year follow-up might be recommended for those who wish to determine the effectiveness of their interventions.**
- **Ask “Have you smoked in the last 7 days?” That will determined 1 year point abstinence.**
- **If patients smoked, counselling, including motivational interviewing may be required to get them back on being tobacco free!**

INFORMATION FOR SPECIFIC GROUPS OF TOBACCO USERS

MODULE 14

ARRANGE:
Aboriginal 1st Nation (1)

- **Be sensitive to the difference between ceremonial/ritualistic use of tobacco verse commercial misuse of cigarettes or other tobacco products.**
- **Smoking cigarette prevalence can be more than double the Canadian population.**
- **Can start as early as 6-to- 8-years of age.**
- **Smoking status should be determined.***

*** CAN-ADDAPT, 2011 pp. 18-20.**

ARRANGE:
Aboriginal 1st Nation (2)

- **Assistance for quitting misuse of tobacco should be offered.**
- **Acknowledge the distinction between spiritual or traditional use of tobacco in 1st Nation culture.**
- **Barriers to quitting in 1st Nations can be social or may include other codependencies.***

*Ibid.

ARRANGE:
Hospital-based interventions

- **Nurses should consider the diverse nature of patients.**
- **These include gender, ethnicity, age, mental health status, socioeconomic status, member of the LGBTQI2S communities and HIV/AIDS patients.**
- **Tailor interventions appropriate to the needs of a particular population.**
- **Introduce the Ottawa Model.**
- **Include pharmacotherapies and counselling.**
- **Use a hospital cessation counsellor if available.**
- **Follow-up after discharge with a plan or handout, and refer to community resources.**
- **Follow-up for 3 months via phone or email (The Ottawa Model).***

***CAN-ADDAPT, 2011, pp, 21-25.**

ARRANGE:
Mental health patients should be offered help to quit

- **“While reducing smoking or abstaining (quitting) health care providers should monitor the patients’/clients’ psychiatric condition(s) (mental health status and/or other addiction(s). Medication dosage should be monitored and adjusted as necessary.”***
- **Cessation medications may require longer use than 3 months.**
- **Check for contraindication with other medications.**
- **Should be follow-up during cessation or referred to community resource for ongoing help.***

***CAN-ADDAPT, 2011, p. 28.**

ARRANGE:
Pregnant and breastfeeding women

- **Cessation should be encouraged for all "pregnant, breastfeeding and postpartum women."* During pregnancy and breastfeeding offer counselling and support for tobacco smoking cessation.**
- **May require also using NRT, preferably the lozenge, gum, or inhaler, but not the patch on an as needed, trying to consume them minimally.**
- **Family and friends should be offered cessation assistance.**
- **A smoke-free environment should be encouraged.***

***CAN-ADDAPT, 2012, p 33.**

ARRANGE:
Adolescents and Youth

- **If in pre-contemplative stage: relay message of the importance of cessation and the resource for help that are available.**
- **Offer brochure.**
- **Focus on cessation.**
- **Parents should be informed about second-hand smoke and if they smoke or consume other tobacco products, offer help to quit as well.***

*** CAN-ADDAPT, 2011 pp. 36-40.**

ELECTRONIC CIGARETTES

- **Have not been approved for smoking cessation.**
- **Many vapers also smoke cigarettes or vape cannabis oils.**
- **Suggest cessation of cigarettes completely as it is possibly the most harmful to patients.**
- **To date. there are no known evidence-based cessation methods for e-cigarettes.***
- **Encourage cessation, as long term effects of e-cigarettes may be harmful.***

*** Erban 2019. p. 367.**

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